

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

2565613

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100185
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-56
4. Contact Name: SHEILLA REED-HIGH
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-31393-00
6. County: WELD
7. Well Name: DAVIS Well Number: 8-2-9
8. Location: QtrQtr: SENE Section: 9 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: Date of First Production this formation:

Perforations Top: 7382 Bottom: 7984 No. Holes: 152 Hole size:

Provide a brief summary of the formation treatment: Open Hole:

JSND-CDL-NBRR COMMINGLE. SET CBP @ 7310'. 07-21-10. DRILLED OUT CBP @ 7310', CFP @ 7500' AND 7670' TO COMMINGLE THE JSND-CDL-NBRR. 07-22/10

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/06/2010 Hours: 24 Bbls oil: 100 Mcf Gas: 250 Bbls H2O: 34

Calculated 24 hour rate: Bbls oil: 100 Mcf Gas: 250 Bbls H2O: 34 GOR: 2500

Test Method: FLOWING Casing PSI: 1825 Tubing PSI: 1123 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7931 Tbg setting date: 07/22/2010 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/14/2010 Date of First Production this formation: _____

Perforations Top: 7964 Bottom: 7984 No. Holes: 40 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

J SAND COMPLETION. FRAC THE J-SAND WITH 153,216 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,060 # 20/40 SAND. 07-14-10.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/14/2010 Date of First Production this formation: _____

Perforations Top: 7382 Bottom: 7578 No. Holes: 112 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

CDL-NBRR COMPLETION. SET CFP @ 7670'. 07-14-10. FRAC THE CODELL WITH 108,780GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,020 # 20/40 SAND. 07-14-10. SET CFP @ 7500'. 07-14-10, FRAC'D THE NIOBRARA WITH 132,048 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,020 # 20/40 SAND. 07-14-10

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: SHEILLA REED-HIGH

Title: OPERATIONS TECHNOLOGIST

Date: 12/7/2010

Email SHEILLA.REEDHIGH@ENCANA.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin*

Director of COGCC

Date: 12/14/2010

Attachment Check List

Att Doc Num	Name
2565613	FORM 5A SUBMITTED
2565614	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)