

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2071354

COMPLETED INTERVAL REPORT

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 4. Contact Name: Sheilla Reed-High
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-31039-00 6. County: WELD
7. Well Name: WANDELL Well Number: 6-8-7
8. Location: QtrQtr: NWNE Section: 18 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>7366</u> Bottom: <u>8048</u> No. Holes: <u>182</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
JSND-NBRR-CDL COMMINGLE: SET CBP @ 7250'. 8-23-10. DRILLED OUT CBP @ 7250', CFP @ 7490' AND CFP @ 7700' TO COMMINGLE THE JSND-NBRR-CDL. 8-24-10.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/22/2010</u> Hours: <u>24</u> Bbls oil: <u>91</u> Mcf Gas: <u>270</u> Bbls H2O: <u>114</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>91</u> Mcf Gas: <u>270</u> Bbls H2O: <u>114</u> GOR: <u>2967</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>768</u> Tubing PSI: _____ Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1163</u> API Gravity Oil: <u>58</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8004</u> Tbg setting date: <u>08/24/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/18/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8011</u> Bottom: <u>8048</u>	No. Holes: <u>62</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J SAND COMPLETION: FRAC J-SAND WITH 155,190 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,760# 20/40 SAND 08-18-10			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____	Sacks cement on top: _____		

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/18/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7366</u> Bottom: <u>7600</u>	No. Holes: <u>120</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
CDL-NBRR COMPLETION: SET CFP @ 7700'. 08-18-10. FRAC CODELL WITH 109,158 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,080# 30/50 SAND. 08-18-10. SET CFP @ 7490'. 08-18-10. FRAC NIOBRARA WITH 131,670 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,140# 30/50 SAND. 08-18-10.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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 TECH

Date: 12/14/2010

Email SHEILLA.REEDHIGH@ENCANA.COM

:

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: 12/16/2010

Attachment Check List

Att Doc Num	Name
2071354	FORM 5A SUBMITTED
2071355	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)