


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2592688</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>100185</u>		4. Contact Name: <u>SHEILA REED-HIGH</u>					
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>		Phone: <u>(720) 876-3678</u>					
3. Address: <u>370 17TH ST STE 1700</u>		Fax: <u>(720) 876-4678</u>					
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>							
5. API Number <u>05-013-06640-00</u>		6. County: <u>BOULDER</u>					
7. Well Name: <u>DEASON</u>		Well Number: <u>42-35</u>					
8. Location: QtrQtr: <u>NWNE</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>69W</u> Meridian: <u>6</u>							
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>10/28/2011</u>		Date of First Production this formation: _____					
Perforations Top: <u>7626</u> Bottom: <u>8314</u>		No. Holes: <u>140</u> Hole size: <u>40/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
JSND-CDL-NBRR COMPLETION SET CBP @ 7560'. 11-11-10. DRILLED OUT CBP @ 7560', CFP @ 7740' AND 7940' TO COMMINGLE JSND-CDL-NBRR. 11-12-10							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>11/26/2010</u> Hours: <u>24</u>		Bbls oil: <u>200</u> Mcf Gas: <u>451</u> Bbls H2O: <u>51</u>					
Calculated 24 hour rate:		Bbls oil: <u>200</u> Mcf Gas: <u>451</u> Bbls H2O: <u>51</u> GOR: <u>2255</u>					
Test Method: <u>FLOWING</u>		Casing PSI: <u>2024</u> Tubing PSI: <u>1348</u> Choke Size: <u>14/64</u>					
Gas Disposition: <u>SOLD</u>		Gas Type: <u>DRY</u> BTU Gas: <u>1306</u> API Gravity Oil: <u>54</u>					
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8728</u>		Tbg setting date: <u>11/12/2010</u> Packer Depth: _____					
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
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>10/28/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8302</u>	Bottom: <u>8314</u>	No. Holes: <u>24</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>J SAND COMPLETION FRAC'D THE J SAND WITH 154224 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250240# 20/40 SAND. 10-28-10</p>			
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>10/28/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7626</u>	Bottom: <u>7884</u>	No. Holes: <u>116</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>CDL-NBRR COMPLETION SET CFP @ 7940'. 10-28-10. FRAC'D THE CODELL WITH 110250 GAL 223 VISTAR HYBRID CROSS LINKED GEL CONTAINING 248160 # 30/50 SAND. 10-28-10. XET CFP @ 7740' 10-28-10, FRAC'D THE NIOBRARA WITH 141204 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250260 # 30/40 SAND. 10-29-10.</p>			
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: SHEILA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 12/28/2010 Email SHEILA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2592688	FORM 5A SUBMITTED
2592689	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)