

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

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 05-123-31571-00 6. County: WELD
7. Well Name: IONE Well Number: 6-8-4
8. Location: QtrQtr: NESE Section: 4 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 09/25/2010 Date of First Production this formation:

Perforations Top: 7510 Bottom: 8234 No. Holes: 172 Hole size:

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

JSND-CDL-NBRR COMMINGLE SET CBP @ 7420. 09-07-10. DRILLED OUT CBP @ 7420 CFP @ 7620 AND CFP @ 7870 TO COMMINGLE THE JSND-CDL-NBRR 09-08-10

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 09/25/2010 Hours: 24 Bbls oil: 48 Mcf Gas: 151 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 151 Bbls H2O: 8 GOR: 3146

Test Method: FLOWING Casing PSI: 2288 Tubing PSI: 2050 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8170 Tbg setting date: 09/08/2010 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:

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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

Signed: _____ Print Name: SHEILLA D. REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 1/5/2010 Email SHEILLA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2590715	FORM 5A SUBMITTED
2590716	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)