

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">2590849</div>				
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: <u>100185</u>	4. Contact Name: <u>SHEILA SALAZARREED-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>05-123-31570-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>IONE</u>	Well Number: <u>6-4-4</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>4</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/01/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7448</u> Bottom: <u>7676</u>	No. Holes: <u>100</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div style="border: 1px solid black; min-height: 50px;"> <p>CDL-NBRR COMPLETION SET CFP @ 7780'. 09-01-10. FRANC'D THE CODELL WITH 108,696 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,740 # 30/50 SAND. 09-01-10 SET CFP @ 7550'. 09-02-10. FRANC'D THE NIOBRARA WITH 132,804 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,880 # 30/50 SAND. 09-02-10</p> </div>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 09/01/2010 Date of First Production this formation: _____

Perforations Top: 7448 Bottom: 8146 No. Holes: 164 Hole size: _____

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

JSND-CDL-NBRR COMMINGLE
SET CBP @ 7300'. 09-09-10. DRILLED OUT CBP @ 7300' CFP @ 7550' AND CFP @ 7780' TO COMMINGLE THE JSND-CDL-NBRR. 09-10-10

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/27/2010 Hours: 24 Bbls oil: 60 Mcf Gas: 174 Bbls H2O: 27

Calculated 24 hour rate: _____ Bbls oil: 60 Mcf Gas: 174 Bbls H2O: 27 GOR: 2900

Test Method: FLOWING Casing PSI: 1386 Tubing PSI: 583 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8076 Tbg setting date: 09/10/2010 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: 09/01/2010 Date of First Production this formation: _____

Perforations Top: 8100 Bottom: 8146 No. Holes: 64 Hole size: _____

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

J SAND COMPLETION
FRAC'D THE J-SAND WITH 154,014 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,880 # 20/40 SAND. 09-01-10

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: _____

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: SHEILA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 11/10/2010 Email SHEILA.REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2590849	FORM 5A SUBMITTED
2590850	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)