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| <b>FORM 5A</b><br>Rev 02/08  | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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><br>Document Number:<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;">1635321</div> | DE | ET | OE | ES |
| DE   | ET   | OE   | ES  |    |    |    |    |
| <b>COMPLETED INTERVAL REPORT</b>   |  |  |   |    |    |    |    |
| <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><br>2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u><br>3. Address: <u>370 17TH ST STE 1700</u><br>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>   |  | 4. Contact Name: <u>SHEILA REED-HIGH</u><br>Phone: <u>(720) 876-3678</u><br>Fax: <u>(720) 876-4678</u> |   |    |    |    |    |
| 5. API Number <u>05-123-31763-00</u><br>7. Well Name: <u>SEGAL</u><br>8. Location: QtrQtr: <u>NWNW</u> Section: <u>24</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u><br>9. Field Name: <u>HAMBERT</u> Field Code: <u>33530</u>   |  | 6. County: <u>WELD</u><br>Well Number: <u>0-2-24</u>   |   |    |    |    |    |
| <u>Completed Interval</u>  |  |  |   |    |    |    |    |
| FORMATION: <u>J-NIOBRARA-CODELL</u>  |  | Status: <u>COMMINGLED</u>  |   |    |    |    |    |
| Treatment Date: <u>12/27/2010</u>  |  | Date of First Production this formation: _____   |   |    |    |    |    |
| Perforations Top: <u>7080</u> Bottom: <u>7868</u>  | No. Holes: <u>264</u>  | Hole size: _____   |   |    |    |    |    |
| Provide a brief summary of the formation treatment: _____  |  | Open Hole: <input type="checkbox"/>  |   |    |    |    |    |
| JSCD-CDL-NBRR COMMINGLE<br>SET CBP @ 7000'. 03-07-11. DRILLED OUT CBP @ 7000', CFP @ 7280' AND 7460' TO COMMINGLE THE JSND-CDL-NBRR. 03-08-11  |  |  |   |    |    |    |    |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |  |   |    |    |    |    |
| <b>Test Information:</b>   |  |  |   |    |    |    |    |
| Date: <u>03/12/2011</u> Hours: <u>24</u>   | Bbls oil: <u>40</u>  | Mcf Gas: <u>532</u>  | Bbls H2O: <u>55</u>   |    |    |    |    |
| Calculated 24 hour rate: _____   | Bbls oil: <u>40</u>  | Mcf Gas: <u>532</u>  | Bbls H2O: <u>55</u> GOR: <u>13300</u>   |    |    |    |    |
| Test Method: <u>FLOWING</u>  | Casing PSI: <u>1370</u>  | Tubing PSI: <u>1004</u>  | Choke Size: _____   |    |    |    |    |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>DRY</u>   | BTU Gas: <u>1246</u>   | API Gravity Oil: <u>62</u>  |    |    |    |    |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>7805</u>  | Tbg setting date: <u>03/08/2011</u>  | Packer Depth: _____   |    |    |    |    |
| Reason for Non-Production:<br><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: <u>J SAND</u>   |                             | Status: <u>PRODUCING</u>  |   |
| Treatment Date: <u>12/27/2010</u>  |                             | Date of First Production this formation: _____                      |   |
| Perforations   | Top: <u>7820</u>            | Bottom: <u>7868</u>   | No. Holes: <u>76</u> Hole size: _____               |
| Provide a brief summary of the formation treatment:  |                             | Open Hole: <input type="checkbox"/>                                 |   |
| <div style="border: 1px solid black; padding: 5px;">J SAND COMPLETION<br/>FRAC'D THE J-SAND WITH 154,308 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,660 # 20/40 SAND. 12-27-10</div> |                             |   |   |
| This formation is commingled with another formation:   |                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>   |                             |   |   |
| 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: <u>0</u>   | API Gravity Oil: <u>0</u>                           |
| Tubing Size: _____   | Tubing Setting Depth: _____ | Tbg setting date: _____   | Packer Depth: _____                                 |
| Reason for Non-Production:<br><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>NIOBRARA-CODELL</u>  |                             | Status: <u>PRODUCING</u>  |   |
| Treatment Date: <u>12/27/2010</u>  |                             | Date of First Production this formation: _____                      |   |
| Perforations   | Top: <u>7080</u>            | Bottom: <u>7360</u>   | No. Holes: <u>188</u> Hole size: _____              |
| Provide a brief summary of the formation treatment:  |                             | Open Hole: <input type="checkbox"/>                                 |   |
| <div style="border: 1px solid black; padding: 5px;">CDL-NBRR COMPLETION<br/>SET CFP @ 7460'. 12-27-11 FRAC'D THE CODELL WITH 108,108 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,640 # 30/50 SAND. 12-27-10<br/>SET CFP @ 7280'. 12-27-11. FRAC'D THE NIOBRARA WITH 135, 240 GASLS 18 #VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,820 # 30/50 SAND. 12-27-10</div> |                             |   |   |
| This formation is commingled with another formation:   |                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>   |                             |   |   |
| 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: <u>0</u>   | API Gravity Oil: <u>0</u>                           |
| Tubing Size: _____   | Tubing Setting Depth: _____ | Tbg setting date: _____   | Packer Depth: _____                                 |
| Reason for Non-Production:<br><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: _____  |   |

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| Comment:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: SHEILA D REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 4/3/2011 Email SHEILA.REEDHIGH@ENCANA.COM  
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### **Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 1635321     | FORM 5A SUBMITTED |
| 1635322     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)