

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;">1635628</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>SEILLA 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>05-123-31774-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SEGAL</u>	Well Number: <u>4-2-24</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>24</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>HAMBERT</u> Field Code: <u>33530</u>	

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/25/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7686</u> Bottom: <u>7730</u>	No. Holes: <u>76</u> Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>

J SAND COMPLETIOHN. FRAC'D THE J SAND WITH 153,913 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,220# 20/40 SAND. 01/25/11.

This formation is commingled with another formation: Yes No

Test Information:

Date: <u>03/23/2011</u>	Hours: <u>24</u>	Bbls oil: <u>28</u>	Mcf Gas: <u>513</u>	Bbls H2O: <u>16</u>
Calculated 24 hour rate:	Bbls oil: <u>28</u>	Mcf Gas: <u>513</u>	Bbls H2O: <u>16</u>	GOR: <u>1832</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1587</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1246</u>	API Gravity Oil: <u>63</u>	
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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/27/2011 Date of First Production this formation: _____

Perforations Top: 6898 Bottom: 7218 No. Holes: 184 Hole size: _____

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

CDL-NBRR COMPLETION. SET CFP @ 7310'. 01/27/11. FRAC'D THE CODELL WITH 109,939 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,640 # 30/50 SAND. 01/27/11. SET CFP @ 7100'. 01/27/11. FRAC'D THE NIOBRARA WITH 133,014 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,560 # 30/50 SAND. 01/27/11.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/23/2011 Hours: 24 Bbls oil: 28 Mcf Gas: 513 Bbls H2O: 16

Calculated 24 hour rate: _____ Bbls oil: 28 Mcf Gas: 513 Bbls H2O: 16 GOR: 1832

Test Method: FLOWING Casing PSI: 1587 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1246 API Gravity Oil: 63

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: _____

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 Date: 4/11/2011 Email SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Name
1635628	FORM 5A SUBMITTED
1635629	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)