


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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;">1636594</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>		4. Contact Name: <u>SHEILLA REED-HIGH</u>					
2. Name of Operator: <u>ENCANA OIL &amp; 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>05-123-32472-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>WANDELL</u>		Well Number: <u>8-4-7</u>					
8. Location: QtrQtr: <u>NENE</u>	Section: <u>7</u>	Township: <u>2N</u>	Range: <u>67W</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>PRODUCING</u>					
Treatment Date: _____		Date of First Production this formation: _____					
Perforations Top: <u>7596</u>	Bottom: <u>8278</u>	No. Holes: <u>168</u>	Hole size: _____				
Provide a brief summary of the formation treatment: _____		Open Hole: <input type="checkbox"/>					
JSND-CDL-NBRR COMMINGLE. SET CBP @ 7520'. 04/26/2011. DRILLED OUT CBP @ 7520', CFP @ 7690', 7900' TO COMMINGLE THE JSND-CDL-NRR. 04/27/2011.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>05/01/2011</u>	Hours: <u>24</u>	Bbls oil: <u>61</u>	Mcf Gas: <u>469</u>				
Calculated 24 hour rate:		Bbls oil: <u>61</u>	Mcf Gas: <u>469</u>				
Test Method: <u>FLOWING</u>		Casing PSI: <u>1271</u>	Tubing PSI: <u>621</u>				
Gas Disposition: <u>SOLD</u>		Gas Type: <u>DRY</u>	BTU Gas: <u>1319</u>				
Tubing Size: <u>2 + 3/8</u>		Tubing Setting Depth: <u>8220</u>	Tbg setting date: <u>04/27/2011</u>				
Reason for Non-Production: _____		Choke Size: <u>16/64</u>					
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>04/05/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8240</u>	Bottom: <u>8278</u>	No. Holes: <u>52</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J SAND COMPLETION. FRAC'D THE J-SAND 8240'-8246', 8258'-8278', (52 HOLES) W/155,568 GAL 19 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 251,800 # 20/40 SAND. 04/05/2011.			
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: _____	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%; 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>04/05/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7596</u>	Bottom: <u>7828</u>	No. Holes: <u>116</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
CDL-NBRR COMPLETION. SET CFP @ 7900'. 04/05/2011. FRAC'D THE CODELL 7810'-7828' (36 HOLES) W/110,628 GAL 22# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 251,000 # 20/40 SAND. 04/05/2011. SET CFP @ 7690'. 04/05/2011. FRAC'D THE NIOBRARA 7596'-7616' (80 HOLES), W/133,560 GALS 18 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 251,300 # 20/40 SAND. 04/05/2011.			
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: _____	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%; 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: _____	

Comment: <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: SHEILLA REED-HIGH

Title: OPERATIONS Date: 5/22/2011 Email SHEILLA.REEDHIGH@ENCANA.COM  
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### **Attachment Check List**

Att Doc Num	Name
1636594	FORM 5A SUBMITTED
1636595	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)