


<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>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">1636596</div>								
<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>											
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Perforations Top: <u>7274</u> Bottom: <u>7948</u>	No. Holes: <u>186</u> Hole size: _____										
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
JSND-CDL-NBRR COMMINGLE. SET CBP @ 7220'. 05/02/2011. DRILLED UP CBP @ 7220'. CFP @ 7380' AND 7590' TO COMMINGLE THE JSND-CDL-NBRR. 05/03/2011.											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
Date: <u>05/06/2011</u> Hours: <u>24</u> Bbls oil: <u>21</u> Mcf Gas: <u>295</u> Bbls H2O: <u>40</u>											
Calculated 24 hour rate: Bbls oil: <u>21</u> Mcf Gas: <u>295</u> Bbls H2O: <u>40</u> GOR: <u>14048</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>1408</u> Tubing PSI: <u>880</u> Choke Size: _____											
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1319</u> API Gravity Oil: <u>52</u>											
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7900</u> Tbg setting date: <u>05/03/2011</u> Packer Depth: _____											
Reason for Non-Production: _____											
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>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/12/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7906</u>	Bottom: <u>7948</u>	No. Holes: <u>66</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. FRAC'D THE J-SAND 7906'-7926', 7935'-7948', (66 HOLES) W/154,896 GAL 19 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,380 # 20/40 SAND. 04/12/2011. </div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input 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%;"></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>04/12/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7274</u>	Bottom: <u>7494</u>	No. Holes: <u>120</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. SET CFP @ 7590'. 04/12/2011. FRAC'D THE CODELL 7474'-7494' (40 HOLES) W/104,538 GAL 22 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 230,480 # 20/40 SAND. 04/12/2011. SET CFP @ 7380'. 04/12/2011. FRAC'D THE NIOBRARA 7274'-7294' (80 HOLES), W/151,200 GALS 18 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 277,540# 20/40 SAND. 04/13/2011. </div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input 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%;"></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%;"></div>

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: 5/19/2011 Email SHEILLA.REEDHIGH@ENCANA.COM  
:

### **Attachment Check List**

Att Doc Num	Name
1636596	FORM 5A SUBMITTED
1636597	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>
Data Entry	CHECK NIOBRARA-CODELL FORMATION FOR FRAC'D CODELL ACCURACY	7/7/2011 12:34:12 PM

Total: 1 comment(s)