


<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;">1636745</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>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>100185</u></td> <td style="width: 50%;">4. Contact Name: <u>SHEILA REED-HIGH</u></td> </tr> <tr> <td>2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u></td> <td>Phone: <u>(720) 876-3678</u></td> </tr> <tr> <td>3. Address: <u>370 17TH ST STE 1700</u></td> <td>Fax: <u>(720) 576-4678</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>100185</u>	4. Contact Name: <u>SHEILA 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) 576-4678</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	
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<table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>7576</u></td> <td style="width: 20%;">Bottom: <u>8256</u></td> <td style="width: 20%;">No. Holes: <u>164</u></td> <td style="width: 20%;">Hole size: _____</td> </tr> </table>				Perforations	Top: <u>7576</u>	Bottom: <u>8256</u>	No. Holes: <u>164</u>	Hole size: _____			
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
JSAND-CD-NBRR COMMINGLE SET CBP @ 7470' 4-28-11. DRILLED OUT CBP @ 7470', CFP @ 7670' AND 7890' COMMINGLE THE JSND-CDL-NBRR. 04-29-11											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
<table style="width: 100%;"> <tr> <td style="width: 20%;">Date: <u>05/02/2011</u></td> <td style="width: 10%;">Hours: <u>24</u></td> <td style="width: 10%;">Bbls oil: <u>46</u></td> <td style="width: 10%;">Mcf Gas: <u>317</u></td> <td style="width: 10%;">Bbls H2O: <u>51</u></td> <td style="width: 40%;"></td> </tr> </table>				Date: <u>05/02/2011</u>	Hours: <u>24</u>	Bbls oil: <u>46</u>	Mcf Gas: <u>317</u>	Bbls H2O: <u>51</u>			
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<table style="width: 100%;"> <tr> <td style="width: 20%;">Tubing Size: <u>2 + 3/8</u></td> <td style="width: 20%;">Tubing Setting Depth: <u>8212</u></td> <td style="width: 20%;">Tbg setting date: <u>04/29/2011</u></td> <td style="width: 40%;">Packer Depth: _____</td> </tr> </table>				Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8212</u>	Tbg setting date: <u>04/29/2011</u>	Packer Depth: _____				
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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>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/05/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8224</u>	Bottom: <u>8256</u>	No. Holes: <u>52</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<b>J SAND COMPLETION</b> FRAC'D THE J-SAND 8224'-8236', (52 HOLES) W/ 155106 GAL 19 # PHASERFRAC HYBRID CORSS LINKED GEL CONTAINING 251480 # 20/40 SAND. 04-05-11			
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: _____			
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>04/07/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7576</u>	Bottom: <u>7576</u>	No. Holes: <u>112</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<b>CBL-NBRR COMPLETION</b> SET CFP @ 7890'. 04-07-11. FRAC'D THE CODELL 7790' - 7810' (40 HOLES) W/ 109830 GAL 22 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250640 # 20/40 SAN. 04-07-11 SET CFP @ 7670'. 04-07-11. FRAC'D THE NIOBRARA 7576' - 7594' (72 HOLES), W/ 134022 GALS 18 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 251560 # 20/40 SAND. 04-07-11			
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: _____			
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: _____
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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: 5/26/2011 Email SHEILA.REEDHIGH@ENCANA.COM  
:

### **Attachment Check List**

Att Doc Num	Name
1636745	FORM 5A SUBMITTED
1636746	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)