


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> Document Number: <div style="text-align: center; font-weight: bold;">2586625</div>	DE	ET	OE	ES				
DE	ET	OE	ES								
COMPLETED INTERVAL REPORT											
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.											
<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>JANE WASHBURN</u></td> </tr> <tr> <td>2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u></td> <td>Phone: <u>(720) 876-5431</u></td> </tr> <tr> <td>3. Address: <u>370 17TH ST STE 1700</u></td> <td>Fax: <u>(750) 876-6431</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>JANE WASHBURN</u>	2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5431</u>	3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(750) 876-6431</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	
1. OGCC Operator Number: <u>100185</u>	4. Contact Name: <u>JANE WASHBURN</u>										
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5431</u>										
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(750) 876-6431</u>										
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-19695-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>HERBERS</u></td> <td>Well Number: <u>31-20</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NWNE</u> Section: <u>20</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-19695-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>HERBERS</u>	Well Number: <u>31-20</u>	8. Location: QtrQtr: <u>NWNE</u> Section: <u>20</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>		9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>	
5. API Number <u>05-123-19695-00</u>	6. County: <u>WELD</u>										
7. Well Name: <u>HERBERS</u>	Well Number: <u>31-20</u>										
8. Location: QtrQtr: <u>NWNE</u> Section: <u>20</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>											
9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>											
<u>Completed Interval</u>											
<table style="width: 100%;"> <tr> <td style="width: 60%;">FORMATION: <u>J SAND</u></td> <td style="width: 40%;">Status: <u>SHUT IN</u></td> </tr> </table>				FORMATION: <u>J SAND</u>	Status: <u>SHUT IN</u>						
FORMATION: <u>J SAND</u>	Status: <u>SHUT IN</u>										
Treatment Date: _____ Date of First Production this formation: _____											
Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;"> CIBP SET @ 7850' FOR REFRAC OF NBRR/CDL. WILL BE DRILLED OUT AFTER TESTING PERIOD AND J-SAND PRODUCTION WILL RESUME </div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Test Information:											
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: <u>7850</u> Sacks cement on top: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>			
Treatment Date: <u>02/22/2011</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7501</u>	Bottom: <u>7784</u>	No. Holes: <u>192</u>	Hole size: <u>41/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
<div style="border: 1px solid black; padding: 5px;">NBRR - PERFED 7501-7538, 4SPF. FRAC'D W/ 153972 GAL FRAC FLUID AND 250140 # SAND CDL - PERFED 7762-7784, 2 SPF. FRAC'D W/ 114954 GAL FRAC FLUID AND 244940 # SAND SBP SET @ 7600' 2/22/11; DRILLED OUT 4/20/411. CIBP SET @ 7850 2/22/11.</div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>04/26/2011</u>	Hours: <u>18</u>	Bbls oil: <u>77</u>	Mcf Gas: <u>384</u>	Bbls H2O: <u>35</u>	
Calculated 24 hour rate:		Bbls oil: <u>103</u>	Mcf Gas: <u>512</u>	Bbls H2O: <u>47</u>	GOR: <u>4971</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>880</u>	Tubing PSI: <u>479</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>DRY</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>48</u>	
Tubing Size: <u>2 + 3/8</u>		Tubing Setting Depth: <u>7753</u>	Tbg setting date: <u>04/20/2011</u>	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: <u>JANE WASHBURN</u>	
Title: <u>OPERATIONS TECHNOLOGIST</u>	Date: <u>6/10/2011</u>	Email <u>JANE/WASHBURN@ENCANA.COM</u>	

Attachment Check List

Att Doc Num	Name
2586625	FORM 5A SUBMITTED
2586626	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)