


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">2586631</div>	DE	ET	OE	ES				
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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.											
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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: 2px;">SET CIBP @ 7535 ON 2/27/11</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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>7535</u> Sacks cement on top: <u>2</u>											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/03/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7218</u>	Bottom: <u>7482</u>	No. Holes: <u>244</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;">NBRR A AND B - PERFED 7218-7233, 72333-7253. FRAC'D W/ 145740 GAL FRAC FLUID AND 250280 # SAND NBRR C/ CDL - PERFED 7300-7334, 7464-7482. FRAC'D W/ 114744 GAL FRAC FLUID AND 250800 # SAND 4/13/11: DRILLED OUT CBP @ 7280'</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>04/23/2011</u>	Hours: <u>20</u>	Bbls oil: <u>45</u>	Mcf Gas: <u>209</u> Bbls H2O: <u>13</u>
Calculated 24 hour rate:		Bbls oil: <u>54</u>	Mcf Gas: <u>251</u> Bbls H2O: <u>16</u> GOR: <u>4648</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>844</u>	Tubing PSI: <u>309</u>	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>46</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7445</u>	Tbg setting date: <u>04/14/2011</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>6/9/2011</u>	Email <u>JANE.WASHBURN@ENCANA.COM</u>	

Attachment Check List

Att Doc Num	Name
2586631	FORM 5A SUBMITTED
2586632	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)