


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;">2586633</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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<u>Completed Interval</u>											
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Treatment Date: _____ Date of First Production this formation: _____											
Perforations Top: <u>7955</u> Bottom: <u>7990</u> No. Holes: <u>112</u> Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
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; padding: 2px;">J-SAND SI 4/14/2011 TO PRODUCE NBRR-CDL</div>											
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>7550</u> Sacks cement on top: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>02/18/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7240</u>	Bottom: <u>7508</u>	No. Holes: <u>108</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NBRR- PERFED 7240-7279. FRAC'D W/ 142946 GAL FRAC FLUID AND 250720# SAND CDL - PERFED 7490-7508. FRAC'D W/ 115206 GAL FRAC FLUID AND 250060# SAND 4/1/11: DRILLED PUT CBP @ 7370' AND 7570'. 4/14/11: SET CIBP @ 7550'. PRODUCE NBRR/CDL ONLY 4/16/11.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>04/17/2011</u>	Hours: <u>21</u>	Bbls oil: <u>32</u>	Mcf Gas: <u>236</u> Bbls H2O: <u>20</u>
Calculated 24 hour rate:		Bbls oil: <u>37</u>	Mcf Gas: <u>270</u> Bbls H2O: <u>23</u> GOR: <u>7297</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>649</u>	Tubing PSI: <u>338</u>	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7460</u>	Tbg setting date: <u>04/15/2011</u>	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: <u>7550</u>		Sacks cement on top: _____	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JANE WASHBURN

Title: OPERATIONS TECHNOLOGIST Date: 6/9/2011 Email JANE.WASHBURN@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2586633	FORM 5A SUBMITTED
2586634	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)