

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">2586633</div>				
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.							

1. OGCC Operator Number: <u>100185</u> 2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u> 3. Address: <u>370 17TH ST STE 1700</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	4. Contact Name: <u>JANE WASHBURN</u> Phone: <u>(720) 876-5431</u> Fax: <u>(720) 876-6431</u>
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5. API Number <u>05-123-21008-00</u> 7. Well Name: <u>CONNER</u> 8. Location: QtrQtr: <u>NENE</u> Section: <u>4</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u> 9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>	6. County: <u>WELD</u> Well Number: <u>41-4</u>
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Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>SHUT IN</u>
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: NIORARA-CODELL Status: PRODUCING

Treatment Date: 02/18/2011 Date of First Production this formation: _____

Perforations Top: 7240 Bottom: 7508 No. Holes: 108 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

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: Yes No

Test Information:

Date: 04/17/2011 Hours: 21 Bbls oil: 32 Mcf Gas: 236 Bbls H2O: 20

Calculated 24 hour rate: Bbls oil: 37 Mcf Gas: 270 Bbls H2O: 23 GOR: 7297

Test Method: FLOWING Casing PSI: 649 Tubing PSI: 338 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7460 Tbg setting date: 04/15/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7550 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

User Group	Comment	Comment Date

Total: 0 comment(s)