

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 2586623
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>	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>(720) 876-6431</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	

5. API Number <u>05-123-23976-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SPRAGUE</u>	Well Number: <u>11-9</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>9</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/27/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7234</u> Bottom: <u>7474</u>	No. Holes: <u>232</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
NBRR- FRAC'D 7234'-7258' W/ 143,766 GAL FRAC FLUID AND 251,020# SAND. CDL-FRAC'D 7452'-7474' W. 120,834 GAL FRAC FLUID AND 250,840# SAND. SET @ 7290' 3/27/11. DRILLED OUT ON 4/20/11. CIBP SET @ 7510' 3/27/11. DRILLED OUT ON 4/20/11	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/30/2011</u> Hours: <u>2</u> Bbls oil: <u>18</u> Mcf Gas: <u>70</u> Bbls H2O: <u>7</u>	
Calculated 24 hour rate: Bbls oil: <u>216</u> Mcf Gas: <u>840</u> Bbls H2O: <u>84</u> GOR: <u>3889</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>499</u> Tubing PSI: <u>314</u> Choke Size: <u>22/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1</u> API Gravity Oil: <u>49</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7855</u> Tbg setting date: <u>04/21/2011</u> 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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 6/10/2011 Email JANE.WASHBURN@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2586623	FORM 5A SUBMITTED
2586624	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ'D #HOLES FROM JANE WSHBURN.	7/26/2011 11:07:44 AM

Total: 1 comment(s)