

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

Document Number: 2587522

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.

1. OGCC Operator Number: 100185
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: JANE WASHBURN
Phone: (720) 876-5431
Fax: (720) 876-6431

5. API Number 05-123-21436-00
6. County: WELD
7. Well Name: POWERS
Well Number: 14-24
8. Location: QtrQtr: SWSW Section: 24 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/25/2011 Date of First Production this formation:

Perforations Top: 6930 Bottom: 7195 No. Holes: 0 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

PERFED THE NBRR FROM 6930-6950, 7034-7046, 4 SPF, 128 HOLES; FRAC'D WITH 144,564 GAL FRAC FLUID AND 250,420# SAND. FRAC'D THE CD WITH 120,666 GAL FRAC FLUID AND 250,340# SAND. CIBP SET @ 7220 ON 5/25/2011 AND DRILLED OUT 6/8/11; CFP SET @ 7070 ON 5/25/11 AND DRILLED OUT 6/8/11.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 06/16/2011 Hours: 4 Bbls oil: 22 Mcf Gas: 71 Bbls H2O: 12

Calculated 24 hour rate: Bbls oil: 151 Mcf Gas: 487 Bbls H2O: 82 GOR:

Test Method: FLOWTEST Casing PSI: 526 Tubing PSI: 324 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7604 Tbg setting date: 06/09/2011 Packer Depth:

Reason for Non-Production:

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

Bridge Plug Depth: 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 Date: 7/12/2011 Email: JANE.WASHBURN@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2587522	FORM 5A SUBMITTED
2587523	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)