

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 with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 2588375

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: SHEILLA REED-HIGH
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-013-06637-00
6. County: BOULDER
7. Well Name: WIGGETT
Well Number: 4-4-13
8. Location: QtrQtr: NWNW Section: 13 Township: 1N Range: 69W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: Date of First Production this formation:
Perforations Top: 7988 Bottom: 8766 No. Holes: 124 Hole size:
Provide a brief summary of the formation treatment: Open Hole: []

JSND-CDL-NBRR COMMINGLE
SET CBP @ 7940', 06-01-11. DRILLED OUT CBP @ 7940', CFP @ 8050' TO COMMINGLE THE JSND-CDL-NBRR 06-02-11

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

Test Information:
Date: 06/04/2011 Hours: 24 Bbls oil: 116 Mcf Gas: 365 Bbls H2O: 52
Calculated 24 hour rate: Bbls oil: 116 Mcf Gas: 365 Bbls H2O: 52 GOR: 3147
Test Method: FLOWING Casing PSI: 2214 Tubing PSI: 1226 Choke Size:
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1177 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8737 Tbg setting date: 06/02/2011 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:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 05/03/2011 Date of First Production this formation: _____

Perforations Top: 8768 Bottom: 8784 No. Holes: 32 Hole size: _____

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

J SAND COMPLETION
FRAC'D THE J-SAND 8768'-8784', (32 HOLES) W/ 65,058 GAL 18# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,900# 20/40 SAND. 05-03-11

This formation is commingled with another formation: Yes 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: _____

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

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

Perforations Top: 7988 Bottom: 8354 No. Holes: 92 Hole size: _____

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

CDL-NBRR COMPLETION
SET CFP@8390'. 05-05-11 FRAC'D THE CODELL 8336'-8354' (36HOLES) W/ 89,334 GAL 22# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,060# 20/40 SAND 5-5-11
SET CFP@ 8050'. 05-05-11
FRAC'D THE NIOBRARA 7988'-8002' (56 HOLES) W/ 98,196 GLAS 18# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,640# 20/40 SAND 5/5/11

This formation is commingled with another formation: Yes 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: _____

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: SHEILLA REED-HIGH

Title: OPERATIONS TECHNOLOGIST

Date: 8/30/2011

Email: SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2588375	FORM 5A SUBMITTED
2588376	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)