

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



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Document Number:

400248597

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 4. Contact Name: Sheilla Reed-High
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-32271-00 6. County: WELD
7. Well Name: IONE Well Number: 4-2-10
8. Location: QtrQtr: NENE Section: 10 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 11/21/2011
Perforations Top: 7513 Bottom: 8242 No. Holes: 188 Hole size: 0.42

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

Set CBP @ 7400'. 01-19-12. Drilled out CBP @ 7400', CFP @ 7600', CFP @ 7850' to commingle the JSND-NBRR-CDL. 01-23-12

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 01/29/2012 Hours: 24 Bbls oil: 82 Mcf Gas: 163 Bbls H2O: 9
Calculated 24 hour rate: _____ Bbls oil: 82 Mcf Gas: 163 Bbls H2O: 9 GOR: 1988
Test Method: FLOWING Casing PSI: 1233 Tubing PSI: 593 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1313 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8204 Tbg setting date: 01/23/2012 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: Drilling and Compl Tech Date: _____ Email sheilla.reedhigh@Encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400248599	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)