

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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COMPLETED INTERVAL REPORT

Document Number:

2286709

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>SHEILA REED-HIGH</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3678</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4678</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-31747-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PURITAN</u>	Well Number: <u>4-6-34</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>34</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/03/2011 Date of First Production this formation: 12/13/2011
Perforations Top: 8250 Bottom: 8270 No. Holes: 40 Hole size: _____

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

J SAND COMPLETION
FRAC'D THE J-SAND 8250'-8270', (40 HOLES) W/ 65394 GAL 18 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250300# 30/50 SAND. 09-03-11

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: 09/03/2011 Date of First Production this formation: 12/13/2011
Perforations Top: 7569 Bottom: 7826 No. Holes: 160 Hole size: _____

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

CDL-NBRR COMPLETION
SET CFP @ 7880'. 09-03-11. FRAC'D THE CODELL 7808' - 7826', (36 HOLES) W/ 90678 GAL 22 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250000# 30/50 SAND. 09-03-11
SET CFP @ 7640'. 09-03-11. FRAC'D TEH NIOBRARA 7569'-7600' (124 HOLES), W/ 98490 GALS 18# PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 254600 # 30/50 SAND. 09-03-11

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/14/2011 Hours: 24 Bbls oil: 97 Mcf Gas: 202 Bbls H2O: 24
Calculated 24 hour rate: _____ Bbls oil: 97 Mcf Gas: 202 Bbls H2O: 24 GOR: 2082
Test Method: FLOWING Casing PSI: 1324 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1245 API Gravity Oil: 0
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: SHEILA D REED-HIGH

Title: DRILL & COMPLETIONS TECH

Date: 12/30/2011

Email: SHEILA.REEDHIGH@ENCANA.COM

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Attachment Check List

Att Doc Num	Name
2286709	FORM 5A SUBMITTED
2286710	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received additional form 5A for the J Sand/NB-CD with test data.	2/8/2012 11:31:34 AM

Total: 1 comment(s)