

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:

2287158

Date Received:

02/27/2012

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: SHEILLA REED-HIGH

Phone: (720) 876-3678

Fax: (720) 876-4678

5. API Number 05-123-32271-00

7. Well Name: IONE

8. Location: QtrQtr: NENE Section: 10 Township: 2N Range: 66W Meridian: 6

9. Field Name: Field Code:

6. County: WELD

Well Number: 4-2-10

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 10/17/2011Date of First Production this formation: 11/21/2011Perforations Top: 8216 Bottom: 8242 No. Holes: 52 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

J SAND COMPLETION. FRAC'D THE J-SAND 8216'-8242', (52 HOLES) W/155,610 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,000# 20/40 SAND. 10/17/11.

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-CODELLStatus: PRODUCINGTreatment Date: 10/18/2011Date of First Production this formation: 11/21/2011Perforations Top: 7513 Bottom: 7759 No. Holes: 136 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

CDL-NBRR COMPLETION. SET CFP @ 7850'. 10/17/2011. FRAC'D THE CODELL 7741'-7759', (36 HOLES) W/111,187 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,100# 20/40 SAND. 10/18/11.
SET CFP @ 7600'. 10/18/2011. FRAC'D THE NIOBRARA 7513'-7538', (100 HOLES) W/132,006 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,360# 20/40 SAND. 10/18/11.

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 11/22/2011 Hours: 24 Bbls oil: 205 Mcf Gas: 422 Bbls H2O: 30Calculated 24 hour rate: _____ Bbls oil: 205 Mcf Gas: 422 Bbls H2O: 30 GOR: 2059Test Method: FLOWING Casing PSI: 1423 Tubing PSI: _____ Choke Size: 10/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1299 API Gravity Oil: 51

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: DRILLING & COMP. TECH

Date: 1/9/2012

Email : SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2287158	FORM 5A SUBMITTED
2287159	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	BTU Gas number entered as per Opr.	3/6/2012 2:59:36 PM
Data Entry	BTU GAS IS A REQUIRED FIELD IF MCF GAS IS ENTERED.	2/27/2012 11:51:51 AM

Total: 2 comment(s)