

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

Date Received:

02/04/2012

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

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: COMMINGLED

Treatment Date: 10/17/2011

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: 2/4/2012 Email: sheilla.reedhigh@Encana.com

### Attachment Check List

Att Doc Num	Name
400248597	FORM 5A SUBMITTED
400248599	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Test date and correction to Commingled corrected as per Opr.	3/6/2012 3:01:32 PM

Total: 1 comment(s)