

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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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 05-123-33409-00 6. County: WELD
 7. Well Name: PURITAN Well Number: 6-4-34
 8. Location: QtrQtr: NWSE Section: 34 Township: 2N Range: 68W 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: 12/13/2011

Perforations Top: 7610 Bottom: 8304 No. Holes: 190 Hole size: 0.43

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

Set CBP @ 7525'. 01-18-12. Drilled out CBP @ 7525', CFP @ 7690', CFP @ 7900' to commingle the JSND-NBRR-CDL. 01-19-12

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/22/2012 Hours: 24 Bbls oil: 17 Mcf Gas: 308 Bbls H2O: 34

Calculated 24 hour rate: _____ Bbls oil: 17 Mcf Gas: 308 Bbls H2O: 34 GOR: 18118

Test Method: FLOWING Casing PSI: 1086 Tubing PSI: 516 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1246 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8248 Tbg setting date: 01/19/2012 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

<u>Att Doc Num</u>	<u>Name</u>
400248601	FORM 5A SUBMITTED
400248602	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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