

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400272031

Date Received:

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 05-123-25819-00
6. County: WELD
7. Well Name: ELMQUIST
Well Number: 21-23
8. Location: QtrQtr: SENW Section: 23 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/11/2012 Date of First Production this formation:

Perforations Top: 7655 Bottom: 7677 No. Holes: 44 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

Set CFP @ 7730'. 01-11-12
Frac'd the Codell with 5250 bbls frac fluid and 145,000# 20/40 sand. 01-11-12

This formation is commingled with another formation: [X] 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: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 7438 Bottom: 8116 No. Holes: 182 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:

Set CBP @ 7400'. 03-13-12
Drilled out CBP @ 7400', CFP @ 7500, 7730' to commingle the JSND-NBRR-CDL. 03-14-12

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/17/2012 Hours: 24 Bbls oil: 55 Mcf Gas: 220 Bbls H2O: 1
Calculated 24 hour rate: _____ Bbls oil: 55 Mcf Gas: 220 Bbls H2O: 1 GOR: 4000
Test Method: FLOWING Casing PSI: 1570 Tubing PSI: 1098 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1303 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8078 Tbg setting date: 03/14/2012 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 01/11/2012 Date of First Production this formation: _____
Perforations Top: 8091 Bottom: 8116 No. Holes: 50 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd the J Sand with 3750 bbls frac fluids and 252,760# 20/40 sand. 01-11-12

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: 01/11/2012 Date of First Production this formation: _____

Perforations Top: 7438 Bottom: 7677 No. Holes: 132 Hole size: 0.42

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

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 Status: COMMINGLED

Treatment Date: 01/11/2012 Date of First Production this formation: _____

Perforations Top: 7438 Bottom: 7460 No. Holes: 88 Hole size: 0.42

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

Set CFP @ 7500'. 01-11-12
Frac'd the Niobrara with 5315 bbls frac fluid and 177,940# 20/40 sand. 01-11-12

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: _____

Comment: _____
API Gravity N/A

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

Attachment Check List

Att Doc Num	Name
400272485	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)