

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400273726

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.

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|--|---------------------------------------|
| 1. OGCC Operator Number: <u>100185</u> | 4. Contact Name: <u>Jane Washburn</u> |
| 2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u> | Phone: <u>(720) 876-5431</u> |
| 3. Address: <u>370 17TH ST STE 1700</u> | Fax: <u>(720) 876-6431</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u> | |

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|---|---------------------------|
| 5. API Number <u>05-123-22762-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>IONE</u> | Well Number: <u>6-4-8</u> |
| 8. Location: QtrQtr: <u>SWNE</u> Section: <u>8</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

FORMATION: J SAND Status: PLUGGED AND ABANDONED

Treatment Date: _____ Date of First Production this formation: 05/11/2005

Perforations Top: 7965 Bottom: 7995 No. Holes: 60 Hole size: _____

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: _____

CIBP set @ 7560' over the J Sand to test the NBRR-CD

Date formation Abandoned: 01/05/2012 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7560 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/02/2012 Date of First Production this formation: 02/12/2006

Perforations Top: 7276 Bottom: 7926 No. Holes: 152 Hole size: _____

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

Codell/Niobrara Refrac (1/5/2012)
Frac'd Niobrara from 7276' – 7926 with 137,101 gal frac fluid and 250,480 # sand.
Frac'd Codell from 7500' – 7518 with 153,686 gal frac fluid and 250,400# sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/31/2012 Hours: 9 Bbls oil: 22 Mcf Gas: 149 Bbls H2O: 18

Calculated 24 hour rate: _____ Bbls oil: 59 Mcf Gas: 397 Bbls H2O: 48 GOR: 6729

Test Method: FLOW Casing PSI: 533 Tubing PSI: 392 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7482 Tbg setting date: 01/24/2012 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: Jane Washburn

Title: Operations Technologist

Date: _____

Email jane.washburn@encana.com

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Attachment Check List

| Att Doc Num | Name |
|-------------|------|
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Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
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Total: 0 comment(s)