

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:

2287148

Date Received:

01/24/2012

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 05-123-32270-00

7. Well Name: IONE

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

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 8-2-10

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 10/17/2011Date of First Production this formation: 11/21/2011Perforations Top: 8033 Bottom: 8066 No. Holes: 66 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

J SAND COMPLETION. FRAC'D THE J-SAND 8033'-8066', (66 HOLES) W/154,535 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 249,560# 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: 10/19/2011Date of First Production this formation: 11/21/2011Perforations Top: 7393 Bottom: 7545 No. Holes: 130 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

CDL-NBRR COMPLETION. SET CFP @ 7650'. 10/18/2011. FRAC'D THE CODELL 7524'-7545', (38 HOLES) W/108,360 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 251,020# 20/40 SAND. 10/19/11.
SET CFP @ 7490'. 10/19/2011. FRAC'D THE NIOBRARA 7393'-7416, (92 HOLES) W/140,041 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 229,733# 20/40 SAND. 10/19/11.

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 11/23/2011 Hours: 24 Bbls oil: 48 Mcf Gas: 376 Bbls H2O: 10Calculated 24 hour rate: _____ Bbls oil: 48 Mcf Gas: 376 Bbls H2O: 10 GOR: 7833Test Method: FLOWING Casing PSI: 1079 Tubing PSI: _____ Choke Size: 10/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1203 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: 1/6/2012

Email : SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2287148	FORM 5A SUBMITTED
2287149	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	BTU GAS IS REQUIRED ENTRY IF MCF GAS IS FILLED IN.	2/27/2012 11:02:04 AM

Total: 1 comment(s)