

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:

400248594

Date Received:

02/18/2012

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
6. County: WELD
7. Well Name: IONE Well Number: 8-2-10
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: _____ Date of First Production this formation: 11/28/2011

Perforations Top: 7393 Bottom: 8066 No. Holes: 196 Hole size: 0.42

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

Set CBP @ 7340'. 01-24-12. Drilled out CBP @ 7340', CFP @ 7490', 7650 to commingle the JSND-NBRR-CDL. 01-25-12

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 02/03/2012 Hours: 24 Bbls oil: 55 Mcf Gas: 622 Bbls H2O: 8

Calculated 24 hour rate: _____ Bbls oil: 55 Mcf Gas: 622 Bbls H2O: 8 GOR: 11309

Test Method: FLOWING Casing PSI: 1077 Tubing PSI: 140 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1314 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8004 Tbg setting date: 01/26/2012 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: 2/18/2012 Email: sheilla.reedhigh@Encana.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400248594 | FORM 5A SUBMITTED |
| 400248595 | WELLBORE DIAGRAM |
| 400248596 | WELLBORE DIAGRAM |

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)