

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:

2287255

Date Received:

02/02/2012

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: JANE WASHBURN

Phone: (720) 876-5431

Fax: (720) 876-6431

5. API Number 05-123-21299-00

7. Well Name: IONE

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

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 42-8

Completed Interval

FORMATION: JSND-GREENHORN-NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/15/2011 Date of First Production this formation: _____

Perforations Top: 7108 Bottom: 7886 No. Holes: _____ Hole size: _____

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

SET CIBP @ 7440' ON 10/20/11. DRILLED OUT 12/15/11. SET CFP @ 7220 ON 10/20/11. DRILLED OUT 12/15/2011. TUBING SET @ 7833 ON 12/15/11 AND COMMINGLED.

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

Test Information:

Date: 12/22/2011 Hours: 16 Bbls oil: 20 Mcf Gas: 188 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 30 Mcf Gas: 282 Bbls H2O: 6 GOR: _____

Test Method: FLOWING Casing PSI: 625 Tubing PSI: 352 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7833 Tbg setting date: 12/15/2011 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: 10/20/2011 Date of First Production this formation: _____

Perforations Top: 7108 Bottom: 7400 No. Holes: 248 Hole size: _____

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

NIOBRARA - REFRAC - PERF'D 7160-7175, 4SPF, 60 HOLES. FRAC'D 7108-7175' W/137,088 GAL FRAC FLUID AND 250,340# SAND.
CODELL-REFRAC - FRAC'D 7383-7400 W/119,969 GAL FRAC FLUID AND 250,200 # SAND.
SET CIBP @ 7440' ON 10/20/11. DRILLED OUT 12/15/11. SET CFP @ 7220' ON 10/20/11. DRILLED OUT 12/15/11.

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: _____

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 TECH

Date: 1/25/2012

Email JANE.WASHBURN@ENCANA.COM

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Attachment Check List

Att Doc Num	Name
2287255	COMPLETED INTERVAL REPORT
2287256	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)