

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 7162 Bottom: 7900 No. Holes: 244 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/01/2012 Hours: 4 Bbls oil: 3 Mcf Gas: 100 Bbls H2O: 1

Calculated 24 hour rate: _____ Bbls oil: 18 Mcf Gas: 600 Bbls H2O: 6 GOR: 33333

Test Method: Flow Casing PSI: 468 Tubing PSI: 380 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: 7801 Tbg setting date: 03/21/2012 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: NIOBRARA Status: PRODUCING

Treatment Date: 02/09/2012 Date of First Production this formation: _____

Perforations Top: 7162 Bottom: 7182 No. Holes: 40 Hole size: _____

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

RFP set @ 7240' on 02-09-12; released on 3/8/12
Refrac 7162-7182 w/137,159 gal frac fluid and 251,120 # sand (2/9/12)

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: _____

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

Attachment Check List

Att Doc Num	Name
400288687	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)