

FORM
5ARev
06/12

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:

400857917

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.

1. OGCC Operator Number: 100185 4. Contact Name: Toby Sachen
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5845
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202- Email: toby.sachen@encana.com

5. API Number 05-123-32273-00 6. County: WELD
 7. Well Name: IONE Well Number: 6-0-10
 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 Type: _____Treatment Date: _____ End Date: _____ Date of First Production this formation: 11/21/2011Perforations Top: 7409 Bottom: 8148 No. Holes: 252 Hole size: 42/100Provide a brief summary of the formation treatment: _____ Open Hole: ☐Set CBP @ 7360'. 01-17-12. Drilled out CBP @ 7360', CFP @ 7540', 7750' to commingle the JSND-CDL-NBRR. 01-18-12This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/31/2012 Hours: 24 Bbl oil: 58 Mcf Gas: 292 Bbl H2O: 10Calculated 24 hour rate: Bbl oil: 58 Mcf Gas: 292 Bbl H2O: 10 GOR: 5034Test Method: flowing Casing PSI: 1252 Tubing PSI: 563 Choke Size: 16/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1314 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 8116 Tbg setting date: 01/18/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/17/2011 End Date: Date of First Production this formation: 11/21/2011

Perforations Top: 8121 Bottom: 8148 No. Holes: 54 Hole size: 42/100

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

Frac'd the J-Sand 8121'-8148', (54 holes)w/ 165,270 gal 18 # Vistar Hybrid cross linked gel containing 250,360 # 20/40 Sand. 10-17-11

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

Total fluid used in treatment (bbl): 4086 Max pressure during treatment (psi): 3098

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Min frac gradient (psi/ft): 0.54

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 92

Fresh water used in treatment (bbl): 4086 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250360 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 11/21/2011

Perforations Top: 7409 Bottom: 7656 No. Holes: 198 Hole size: 42/100

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

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

This is a correction to 5A document number 400248490.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Toby Sachen

Title: Regulatory Analyst Date: _____ Email: toby.sachen@encana.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)