



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 Street, Suite 1700
City: Denver State: Colo. Zip: 80202

4. Contact Name: Sheilla Reed-High
Phone: 720-876-3678
Fax: 720-876-4678

5. API Number 05- 013-06554-00

6. County: BOULDER

7. Well Name: VICKLUND Well Number: 42-2

8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE SEC. 2-T1N-R69W, 6TH P.M.

Complete the Attachment Checklist

	OP	OGCC
wellbore diagram		

FORMATION: JSND-NBRR-CDL Status: PRODUCING **COMMINGLE**

Treatment Date: n/A Date of First Production this formation: _____

Perforations Top: 7552' Bottom: 8242' No. Holes: 136 Hole size: .42"

Provide a brief summary of the formation treatment:
JSND-NBRR-CDL Commingle

Drilled up CFP @ 7610'. 03-26-08. Drilled up CFP @ 7900' to commingle the JSND-NBRR-CDL. 03-27-08

This formation is commingled with another formation

Test Information:

Date: 04-01-08 Hours: 24 Bbls oil: 100 Mcf Gas: 260 Bbls H₂O: 235

Calculated 24 hour rate: Bbls oil: 100 Mcf Gas: 260 Bbls H₂O: 235 GOR: 2600

Test Method: FLOWING Casing PSI: 1930 Tubing PSI: 1058 Choke size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1236 API Gravity Oil: 46.2

Tubing Size: 2-3/8" Tubing Setting Depth: 8198' Tbg setting date: 03-27-08 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeezed Yes No If yes number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

per d-base 04/08

FORMATION: _____ Status: _____

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

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

Provide a brief summary of the formation treatment:
Open Hole

This formation is commingled with another formation

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: _____ Squeezed Yes No If yes number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

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

Print Name: Sheilla D. Reed-High Email: sheilla.reedhigh@EnCana.com

Signature: Sheilla D. Reed-High Title: Operations Technologist Date: 4-29-08