



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.

Complete the Attachment Checklist

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.

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-bro 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