

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
400102483

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: 80202-56
4. Contact Name: Heather Mitchell
Phone: (720) 876-3070
Fax: (720) 876-4070

5. API Number 05-045-19002-00
6. County: GARFIELD
7. Well Name: Story Gulch Unit
Well Number: 8502B-36 B36496
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 09/15/2010 Date of First Production this formation: 10/08/2010
Perforations Top: 8502 Bottom: 11936 No. Holes: 360 Hole size: 0.42

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

Stages 1-11, 6R treated with a total of: 122,007 bbls of Slickwater, 539,298 lbs 20-40 Sand, 281,626 lbs 30-50 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1291 Bbls H2O: 855
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1291 Bbls H2O: 855 GOR: _____
Test Method: FLOWING Casing PSI: 3287 Tubing PSI: 1944 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10669 Tbg setting date: 10/07/2010 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: Heather Mitchell

Title: Regulatory Analyst Date: _____ Email heather.mitchell@encana.com
:

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400102499		Wellbore Diagram 8502B-36 10.20.10.pdf

Total Attach: 1 Files