

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



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Document Number:

400103190

**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: Marina Ayala  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19003-00 6. County: GARFIELD  
7. Well Name: Story Gulch Unit Well Number: 8501B-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: 8635 Bottom: 11924 No. Holes: 330 Hole size: 0.42

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

Stages 1-11 treated with a total of: 115,868 bbls of Slickwater, 587,581 lbs 20-40 Sand, 190,658 lbs 30-50 Sand.

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

**Test Information:**

Date: 10/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1284 Bbls H2O: 1355  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1284 Bbls H2O: 1355 GOR:           
Test Method: Flowing Casing PSI: 2647 Tubing PSI: 1760 Choke Size: 26/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:           
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10600 Tbg setting date: 10/05/2010 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: Marina Ayala

Title: Permitting Technician

Date: \_\_\_\_\_

Email marina.ayala@encana.com

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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
400103195		8501B-36 B36 496 Wellbore diagram.pdf

Total Attach: 1 Files