

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

COMPLETED INTERVAL REPORT

Document Number:

2512200

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: MARINA AYALA  
Phone: (720) 876-3663  
Fax: (720) 876-4663

5. API Number 05-045-18725-00  
6. County: GARFIELD  
7. Well Name: GMU Well Number: 27-8C2 (H27NW)  
8. Location: QtrQtr: SENE Section: 27 Township: 6S Range: 93W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/21/2010 Date of First Production this formation: 05/23/2010

Perforations Top: 6752 Bottom: 8581 No. Holes: 189 Hole size: 34/100

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

STAGES 1-7 TREATED WITH A TOTAL OF 66,207 BBLS OF SLICKWATER, 720,800 LBS 20-40 SAND

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 07/10/2010 Hours: 24 Bbls oil: 25 Mcf Gas: 714 Bbls H2O: 48

Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 714 Bbls H2O: 48 GOR: 28560

Test Method: FLOWING Casing PSI: 1250 Tubing PSI: 800 Choke Size: 16

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7940 Tbg setting date: 06/16/2010 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: ENGINEERING TECHNICIAN Date: 8/18/2010 Email MARINA.AYALA@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: \_\_\_\_\_

*David S. Neslin*

Director of COGCC

Date: 12/9/2010

**Attachment Check List**

Att Doc Num	Name
2512200	FORM 5A SUBMITTED
2512201	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)