

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:

400124228

**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: Judith Walter  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19087-00 6. County: GARFIELD  
7. Well Name: Story Gulch Unit Well Number: 8505C-25 F25496  
8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
Treatment Date: 10/01/2010 Date of First Production this formation: 11/09/2010  
Perforations Top: 8346 Bottom: 12098 No. Holes: 390 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Stages 1-13 treated with a total of 120320 bbl of slickwater, 662787lbs. 20-40 Sand, 138131 lbs. Sand.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 11/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2566 Bbls H2O: 1628  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2566 Bbls H2O: 1628 GOR:           
Test Method: Flowing Casing PSI: 2867 Tubing PSI: 2102 Choke Size: 30  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:           
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10611 Tbg setting date: 10/29/2010 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: Judith Walter  
Title: Regulatory Analyst Date:          Email judith.walter@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
400124229	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)