

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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COMPLETED INTERVAL REPORT

Document Number:

400130527

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 05-045-18998-00 6. County: GARFIELD  
7. Well Name: Story Gulch Unit Well Number: 8505A-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: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/25/2010</u>		Date of First Production this formation: <u>11/24/2010</u>	
Perforations	Top: <u>8938</u>	Bottom: <u>12414</u>	No. Holes: <u>360</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Stages 1-12 treated with a total of: 99085 bbls of Slickwater, 538459 lbs 20-40 Sand, 134361 lbs 30-50 Sand.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>12/03/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>2538</u> Bbls H2O: <u>2710</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>2538</u> Bbls H2O: <u>2710</u> GOR: <u></u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2892</u>	Tubing PSI: <u>785</u>	Choke Size: <u>64/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>11026</u>	Tbg setting date: <u>11/19/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

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

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
400130531	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)