

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:

400132589

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 05-045-19143-00 6. County: GARFIELD
7. Well Name: GMR Well Number: 8-6A2 (K8W)
8. Location: QtrQtr: NESW Section: 8 Township: 7S Range: 93W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 10/08/2010 Date of First Production this formation: 10/12/2010
Perforations Top: 8050 Bottom: 9891 No. Holes: 216 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: ☐
Stages 1-8 treated with a total of: 62396 bbls of Slickwater, 862100 lbs 20-40 Sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 12/09/2010 Hours: 24 Bbls oil: 314 Mcf Gas: 2528 Bbls H2O: 265
Calculated 24 hour rate: Bbls oil: 314 Mcf Gas: 2528 Bbls H2O: 265 GOR:
Test Method: Flowing Casing PSI: 2140 Tubing PSI: 1675 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9258 Tbg setting date: 12/02/2010 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
400132591	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)