

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:

400132589

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: Judith Walter  
Phone: (720) 876-3702  
Fax: (720) 876-4702

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: 805

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: 55

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: 2/11/2011 Email judith.walter@encana.com

### Attachment Check List

Att Doc Num	Name
400132589	FORM 5A SUBMITTED
400132591	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)