

| | | | | | | | |
|---|--|---|---|----|----|----|----|
| 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 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: <div style="text-align: center; font-weight: bold;">2517233</div> | | | | |
| 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: <u>100185</u> | 4. Contact Name: <u>HEATHER MITCHELL</u> |
| 2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u> | Phone: <u>(720) 876-3070</u> |
| 3. Address: <u>370 17TH ST STE 1700</u> | Fax: <u>(720) 876-4070</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u> | |

| | |
|--|------------------------------------|
| 5. API Number <u>05-045-18361-00</u> | 6. County: <u>GARFIELD</u> |
| 7. Well Name: <u>GMU FEE</u> | Well Number: <u>27-16A (L26NW)</u> |
| 8. Location: QtrQtr: <u>NWSW</u> Section: <u>26</u> Township: <u>6S</u> Range: <u>93W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u> | |

Completed Interval

| | |
|--|--|
| FORMATION: <u>COZZETTE</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>08/09/2010</u> | Date of First Production this formation: <u>08/31/2010</u> |
| Perforations Top: <u>9210</u> Bottom: <u>9441</u> | No. Holes: <u>27</u> Hole size: <u>34/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| STAGES 02 TREATES WITH A TOTAL OF: 9558 BBLS SLICKWATER, 100000 LBS 20-40 SAND. | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Information: | |
| Date: <u>09/10/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>784</u> Bbls H2O: <u>816</u> | |
| Calculated 24 hour rate: | Bbls oil: <u> </u> Mcf Gas: <u>784</u> Bbls H2O: <u>816</u> GOR: <u>0</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>2500</u> Tubing PSI: <u>1550</u> Choke Size: <u>20</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>9209</u> Tbg setting date: <u>09/10/2010</u> Packer Depth: <u>0</u> | |
| Reason for Non-Production: | |
| | |
| 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> |

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 08/05/2010 Date of First Production this formation: 08/31/2010

Perforations Top: 9482 Bottom: 9691 No. Holes: 27 Hole size: 34/100

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

STAGES 1 TREATED WITH A TOTAL OF: 10,757 BBLs SLICKWATER, 110,000 LBS 20-40 SAND AND 1025 GALS OF 7.5% HCL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 784 Bbls H2O: 816

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: 784 Bbls H2O: 816 GOR: _____

Test Method: FLOWING Casing PSI: 2500 Tubing PSI: 1550 Choke Size: 20

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9209 Tbg setting date: 09/10/2010 Packer Depth: 0

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 08/10/2010 Date of First Production this formation: 08/31/2010

Perforations Top: 6744 Bottom: 8599 No. Holes: 189 Hole size: 34/100

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

STAGES 3-9 TREATED WITH A TOTAL OF: 63585 BBLs OF SLICKWATER, 687080 LBS 20-40 SAND AND 1008 GALS 7.5% HCL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 784 Bbls H2O: 816

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: 784 Bbls H2O: 816 GOR: _____

Test Method: FLOWING Casing PSI: 2500 Tubing PSI: 1550 Choke Size: 20

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9209 Tbg setting date: 09/10/2010 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: HEATHER MITCHELL

Title: REGULATORY ANALYST Date: 10/4/2010 Email HEATHER.MITCHELL@ENCANA.COM
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2517233 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|--|----------------------------|
| Permit | Williams Fork data page submitted by operator evidently did not get scanned. dhs | 3/18/2011 9:41:05 AM |

Total: 1 comment(s)