


FORM 5A Rev 02/08	<h2 style="margin: 0;">State of Colorado</h2> <h1 style="margin: 0;">Oil and Gas Conservation Commission</h1> <p style="font-size: small; margin: 0;">1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">DE</td> <td style="padding: 2px;">ET</td> <td style="padding: 2px;">OE</td> <td style="padding: 2px;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400145352</div>				
<h3 style="margin: 0;">COMPLETED INTERVAL REPORT</h3>							
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>Judith Walter</u>					
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>		Phone: <u>(720) 876-3702</u>					
3. Address: <u>370 17TH ST STE 1700</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>		Fax: <u>(720) 876-4702</u>					
5. API Number <u>05-045-19114-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>Story Gulch Unit</u>		Well Number: <u>8509B-36 B36496</u>					
8. Location: QtrQtr: <u>Lot 2</u> Section: <u>36</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>							
9. Field Name: <u>WILDCAT</u>		Field Code: <u>99999</u>					
<h3 style="margin: 0;">Completed Interval</h3>							
FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>12/14/2010</u>		Date of First Production this formation: <u>01/21/2011</u>					
Perforations	Top: <u>8762</u>	Bottom: <u>12081</u>	No. Holes: <u>300</u> Hole size: <u>0.42</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
Stages 1-10 treated with a total of: 178370 bbls of Slickwater.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>01/24/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1121</u> Bbls H ₂ O: <u>2050</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1121</u> Bbls H ₂ O: <u>2050</u> GOR: _____				
Test Method: <u>Flowing</u>	Casing PSI: <u>3300</u>	Tubing PSI: <u>1105</u>	Choke Size: <u>34/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>12085</u>	Tbg setting date: <u>01/17/2011</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____					
Comment: <div style="border: 1px solid black; height: 20px;"></div>							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>Judith Walter</u>					
Title: <u>Regulatory Analyst</u>	Date: _____	Email <u>judith.walter@encana.com</u>					

Attachment Check List

Att Doc Num	Name
400145355	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)