


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2512637</div>	DE	ET	OE	ES				
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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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>100185</u></td> <td style="width: 50%;">4. Contact Name: <u>HEATHER MITCHELL</u></td> </tr> <tr> <td>2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u></td> <td>Phone: <u>(720) 8763070</u></td> </tr> <tr> <td>3. Address: <u>370 17TH ST STE 1700</u></td> <td>Fax: <u>(720) 8794070</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u></td> <td></td> </tr> </table>				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) 8763070</u>	3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 8794070</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	
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<u>Completed Interval</u>											
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Treatment Date: <u>07/20/2010</u> Date of First Production this formation: <u>10/06/1978</u>											
Perforations Top: <u>7080</u> Bottom: <u>7094</u> No. Holes: <u>6</u> Hole size: <u>48/100</u>											
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;"> 14000 GAL OF "M" ACID WITH HAL-SO, FE-IA, PEN-5 IN 1978 CICR AT 6500' IN 2010. </div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____											
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____											
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____											
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____											
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____											
Reason for Non-Production:											
<div style="border: 1px solid black; padding: 5px;"> HIGH INERTS </div>											
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>6500</u> Sacks cement on top: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>DAKOTA</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>07/20/2010</u>	Date of First Production this formation: <u>10/06/1978</u>
Perforations Top: <u>6652</u> Bottom: <u>6717</u>	No. Holes: <u>15</u> Hole size: <u>48/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
1400 GAL OF "M" ACID WITH HAI-SO ,FE-IA,PEN-5 IN 1987. CICR AT 6500 IN 2010.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production:	
HIGH INERTS	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>6500</u>	Sacks cement on top: _____

FORMATION: <u>MORRISON</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>07/20/2010</u>	Date of First Production this formation: <u>10/06/1978</u>
Perforations Top: <u>6910</u> Bottom: <u>7017</u>	No. Holes: <u>5</u> Hole size: <u>48/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
14000 GAL OF "M" ACID WITH HAI-SO, FE-IA, PEN-5 IN 1978. CICR AT 6500' IN 2010	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production:	
HJIGH INERTS	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>6500</u>	Sacks cement on top: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>SALT WASH</u>		Status: <u>SHUT IN</u>		
Treatment Date: <u>07/20/2010</u>		Date of First Production this formation: <u>10/06/1978</u>		
Perforations	Top: <u>7080</u>	Bottom: <u>7094</u>	No. Holes: <u>6</u>	Hole size: <u>48/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">14000 GAL OF "M" ACID WITH HAI-SO, FE-IA, PEN-5 IN 1978. CUCR AT 6500' IN 2010.</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____				
<div style="border: 1px solid black; padding: 5px;">HIGH INERTS</div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>6500</u>		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: <u>HEATHER MITCHELL</u>	
Title: <u>REGULATORY ANALYST</u>	Date: <u>8/31/2010</u>	Email <u>HEATHER.MITCHELL@ENCANA.COM</u>	

Attachment Check List

Att Doc Num	Name
2512637	FORM 5A SUBMITTED
2512638	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)