

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: 1791913				
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>RUTHANN MORSS</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: _____
3. Address: <u>370 17TH ST STE 1700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	

5. API Number <u>05-077-09054-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>KEINATH FEDERAL</u>	Well Number: <u>9-11 (K90U)</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>9</u> Township: <u>8S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: <u>CEDAR MOUNTAIN</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>09/22/2007</u>	Date of First Production this formation: <u>10/15/2007</u>
Perforations Top: <u>10006</u> Bottom: <u>10034</u>	No. Holes: <u>40</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
STAGES 001 TREATED WITH A TOTAL OF: 3867 BBLS LIGHTENING 34 AND 130053 LBS 30/50 SAND	
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: _____	

Date formation Abandoned: <u>04/17/2009</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8325</u>	Sacks cement on top: <u>2</u>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: DAKOTA Status: SHUT IN

Treatment Date: 09/22/2007 Date of First Production this formation: 10/15/2007

Perforations Top: 9840 Bottom: 9919 No. Holes: 40 Hole size: 34/100

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

STAGES 002 TREATED WITH A TOTAL OF: 4879 BBLs LIGHTNING 34 AND 170014 LBS 30/50 SAND

This formation is commingled with another formation: Yes 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: _____

Date formation Abandoned: 04/17/2009 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8325 Sacks cement on top: 2

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: RUTHANN MORSS

Title: REG ANALYST Date: 10/25/2010 Email RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name
1791913	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)