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|--|--|---|--|--|---------------------------------------|--|--|---|---|---|----------------|---|------------|--|-------------------|-------------------|-------------------|--|------------------------|-----------------|----------------|------------------------|--|--------------------|-----------------------------|-------------------------|---------------------|--|
| 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> Document Number: <div style="text-align: center; font-size: 1.2em;">1791913</div> | DE | ET | OE | ES | | | | | | | | | | | | | | | | | | | | | |
| DE | ET | OE | ES | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>RUTHANN MORSS</u></td> </tr> <tr> <td>2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u></td> <td>Phone: _____</td> </tr> <tr> <td>3. Address: <u>370 17TH ST STE 1700</u></td> <td>Fax: _____</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>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> | | | | | | | | | | | | | | | | | | |
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| <u>Completed Interval</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">FORMATION: <u>CEDAR MOUNTAIN</u></td> <td style="width: 40%;">Status: <u>SHUT IN</u></td> </tr> <tr> <td>Treatment Date: <u>09/22/2007</u></td> <td>Date of First Production this formation: <u>10/15/2007</u></td> </tr> <tr> <td>Perforations Top: <u>10006</u> Bottom: <u>10034</u></td> <td>No. Holes: <u>40</u> Hole size: <u>34/100</u></td> </tr> <tr> <td colspan="2">Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">STAGES 001 TREATED WITH A TOTAL OF: 3867 BBLS LIGHTENING 34 AND 130053 LBS 30/50 SAND</td> </tr> <tr> <td colspan="2">This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table> | | | | 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 | | | | | | | | | | | | | | |
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| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Information: <table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td colspan="2">Choke Size: _____</td> </tr> <tr> <td>Gas Disposition: _____</td> <td>Gas Type: _____</td> <td>BTU Gas: _____</td> <td colspan="2">API Gravity Oil: _____</td> </tr> <tr> <td>Tubing Size: _____</td> <td>Tubing Setting Depth: _____</td> <td>Tbg setting date: _____</td> <td colspan="2">Packer Depth: _____</td> </tr> </table> Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | 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: _____ | |
| 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: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| _____ | _____ | _____ |

Total: 0 comment(s)