


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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;">1791914</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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>JOYCE MCGOUGH</u></td> </tr> <tr> <td>2. Name of Operator: <u>ENCANA OIL &amp; 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>JOYCE MCGOUGH</u>	2. Name of Operator: <u>ENCANA OIL &amp; 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>											
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<table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>10006</u></td> <td style="width: 20%;">Bottom: <u>10034</u></td> <td style="width: 20%;">No. Holes: <u>40</u></td> <td style="width: 20%;">Hole size: <u>34/100</u></td> </tr> </table>				Perforations	Top: <u>10006</u>	Bottom: <u>10034</u>	No. Holes: <u>40</u>	Hole size: <u>34/100</u>			
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;"> <u>STAGE 1 TREATED WITH A TOTAL OF 3867 BBLS OF LIGHTENING 34 AND 130053 LBS 30/50 SAND</u> </div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Test Information:</b>											
<table style="width: 100%;"> <tr> <td>Date: <u>10/16/2007</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>0</u></td> <td>Mcf Gas: <u>450</u></td> <td>Bbls H2O: <u>24</u></td> </tr> </table>				Date: <u>10/16/2007</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>450</u>	Bbls H2O: <u>24</u>			
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<table style="width: 100%;"> <tr> <td>Test Method: <u>FLOWING</u></td> <td>Casing PSI: <u>500</u></td> <td>Tubing PSI: _____</td> <td>Choke Size: <u>20/64</u></td> </tr> </table>				Test Method: <u>FLOWING</u>	Casing PSI: <u>500</u>	Tubing PSI: _____	Choke Size: <u>20/64</u>				
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<table style="width: 100%;"> <tr> <td>Gas Disposition: <u>SOLD</u></td> <td>Gas Type: <u>CO2</u></td> <td>BTU Gas: <u>1170</u></td> <td>API Gravity Oil: <u>0</u></td> </tr> </table>				Gas Disposition: <u>SOLD</u>	Gas Type: <u>CO2</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>				
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Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____											

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>DAKOTA</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>10/01/2007</u>		Date of First Production this formation: <u>10/15/2007</u>		
Perforations	Top: <u>9840</u>	Bottom: <u>9919</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"/>		
<div>STAGE 2 TREATED WITH A TOTAL OF 4879 BBLS OF LIGHTENING 34 AND 170014 LBS 30/50 SAND</div>				
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>10/16/2007</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>270</u>	Bbls H2O: <u>14</u>
Calculated 24 hour rate:		Bbls oil: <u>          </u>	Mcf Gas: <u>270</u>	Bbls H2O: <u>14</u> GOR: <u>          </u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>500</u>	Tubing PSI: <u>          </u>	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>          </u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>9047</u>	Tbg setting date: <u>10/31/2007</u>	Packer Depth: <u>          </u>	
Reason for Non-Production: <div></div>				
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>				

Comment:

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

Signed: \_\_\_\_\_ Print Name: JOYCE MCGOUGH

Title: REG ANALYST Date: 11/12/2007 Email JOYCE.MCGOUGH@ENCANA.COM

### Attachment Check List

Att Doc Num	Name
1791914	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)