

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 2072387
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: <u>(720) 876-5060</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6060</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	

5. API Number <u>05-077-09038-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>ORCHARD UNIT</u>	Well Number: <u>19-15 (019OU)</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>19</u> Township: <u>8S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/24/2007</u>	Date of First Production this formation: <u>07/02/2007</u>
Perforations Top: <u>9508</u> Bottom: <u>9806</u>	No. Holes: <u>160</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
STAGES 01-02 TREATED WITH A TOTAL OF 6184 BBLS OF MEDALLION, 219809 LBS 30-50	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>07/31/2007</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1284</u> Bbls H2O: <u>241</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1284</u> Bbls H2O: <u>241</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1350</u> Tubing PSI: <u>900</u> Choke Size: <u>18/64</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>8552</u> Tbg setting date: <u>07/20/2007</u>	Packer Depth: <u>0</u>
Reason for Non-Production:	

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: _____

FORMATION: FRONTIER Status: PRODUCING

Treatment Date: 07/12/2007 Date of First Production this formation: 07/02/2007

Perforations Top: 9300 Bottom: 9464 No. Holes: 24 Hole size: 34/100

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

STAGES 03 TREATED WITH A TOTAL OF 4824 BBLS OF SLICKWATER, 80024 LBS 30-50 WHITE 30/50

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/31/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 1284 Bbls H2O: 241

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1284 Bbls H2O: 241 GOR: 0

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 900 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8552 Tbg setting date: 07/20/2007 Packer Depth: 0

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 07/12/2007 Date of First Production this formation: 07/02/2007

Perforations Top: 8023 Bottom: 8980 No. Holes: 130 Hole size: 34/100

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

STAGES 04-08 TREATED WITH A TOTAL OF 31692 BBLS OF SLICKWATER, 5545 LBS 100 SAND, 702261 LBS 30-50 WHITE 30/50.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/31/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 1284 Bbls H2O: 241

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1284 Bbls H2O: 241 GOR: 0

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 900 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8552 Tbg setting date: 07/20/2007 Packer Depth: 0

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: REGULATORY ANALYST Date: 5/25/2011 Email RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2072387	FORM 5A SUBMITTED
2566850	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)