


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: <div style="border: 1px solid black; padding: 5px; text-align: center;">2072387</div>				
<p>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.</p>							
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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>FRONTIER</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/12/2007</u>	Date of First Production this formation: <u>07/02/2007</u>
Perforations Top: <u>9300</u> Bottom: <u>9464</u>	No. Holes: <u>24</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>STAGES 03 TREATED WITH A TOTAL OF 4824 BBLs OF SLICKWATER, 80024 LBS 30-50 WHITE 30/50</u>	
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:	
<input type="text"/>	
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: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/12/2007</u>	Date of First Production this formation: <u>07/02/2007</u>
Perforations Top: <u>8023</u> Bottom: <u>8980</u>	No. Holes: <u>130</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>STAGES 04-08 TREATED WITH A TOTAL OF 31692 BBLs OF SLICKWATER, 5545 LBS 100 SAND, 702261 LBS 30-50 WHITE 30/50.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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:	
<input type="text"/>	
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: _____

Comment:
<input type="text"/>

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)