

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 05/20/2011 Date of First Production this formation: 12/07/2008

Perforations Top: 5356 Bottom: 5403 No. Holes: 9 Hole size: 34/100

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

SET CBP AND TESTED TO 600 PSI

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: _____

DRILLING ADDITIONAL WELLS ON PAD

Date formation Abandoned: 05/20/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 3544 Sacks cement on top: 2

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED

Treatment Date: 05/20/2011 Date of First Production this formation: 12/07/2008

Perforations Top: 3629 Bottom: 4800 No. Holes: 108 Hole size: 36/100

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

SET CBP AND TESTED TO 600 PSI

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: _____

DRILLING ADDITIONAL WELLS ON PAD

Date formation Abandoned: 05/20/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 3544 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: REGULATORY ANALYST Date: _____ Email: RUTHANN.MORSS@ENCANA.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400175652	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)