

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



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Document Number:

400198971

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.

1. OGCC Operator Number: 100185 4. Contact Name: Marina Ayala
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4905
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20395-00 6. County: GARFIELD
 7. Well Name: EnCana Fee Well Number: 10-2D (A10E)
 8. Location: QtrQtr: NENE Section: 10 Township: 7S Range: 92W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
 Treatment Date: 06/01/2011 Date of First Production this formation: 06/18/2011
 Perforations Top: 4218 Bottom: 6185 No. Holes: 243 Hole size: 0.34
 Provide a brief summary of the formation treatment: Open Hole:
Stages 1-9 treated with a total of: 81,820 bbls of Slickwater, 430,800 lbs 20-40 Sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1179 Bbls H2O: 1129
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1179 Bbls H2O: 1129 GOR: 0
 Test Method: Flowing Casing PSI: 1950 Tubing PSI: 1250 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5567 Tbg setting date: 06/18/2011 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: Marina Ayala
 Title: Permitting Technician Date: 8/23/2011 Email marina.ayala@encana.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400198971	FORM 5A SUBMITTED
400198981	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Waiting on scanning of logs for form 5.	8/24/2011 11:21:41 AM

Total: 1 comment(s)