

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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COMPLETED INTERVAL REPORT

Document Number:
400254181

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>Erin Hochstetler</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5827</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-045-20667-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>SG</u>	Well Number: <u>8503E-22 N22496</u>
8. Location: QtrQtr: <u>5</u> Section: <u>22</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

Completed Interval

FORMATION: <u>SEGO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/04/2012</u>	Date of First Production this formation: <u>01/28/2012</u>
Perforations Top: <u>12311</u> Bottom: <u>12587</u>	No. Holes: <u>33</u> Hole size: <u>0.37</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Stages 01, DFIT treated with a total of: 20542 bbls of Slickwater.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>02/04/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>3507</u> Bbls H2O: <u>212</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>3507</u> Bbls H2O: <u>212</u> GOR: _____	
Test Method: <u>Flowing</u> Casing PSI: <u>1854</u> Tubing PSI: _____ Choke Size: <u>42</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
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: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/09/2012</u>	Date of First Production this formation: <u>01/28/2012</u>
Perforations Top: <u>7896</u> Bottom: <u>11578</u>	No. Holes: <u>390</u> Hole size: <u>0.37</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Stages 03-15 treated with a total of: 271020 bbls of Slickwater.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/04/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>3507</u> Bbls H2O: <u>212</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>3507</u> Bbls H2O: <u>212</u> GOR: _____	
Test Method: <u>Flowign</u> Casing PSI: <u>1854</u> Tubing PSI: _____ Choke Size: <u>42</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
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: _____	

Comment:

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

Signed: _____ Print Name: Erin Hochstetler

Title: Permitting Technician Date: _____ Email: erin.hochstetler@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
400254191	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)