

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:

2555519

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: RUTHANN MORSS  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5060  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6060  
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-17972-00 6. County: GARFIELD  
 7. Well Name: ENYEART Well Number: 16-4D(PD16)  
 8. Location: QtrQtr: NWNW Section: 16 Township: 7S Range: 95W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
 Treatment Date: 04/29/2010 Date of First Production this formation: 05/19/2010  
 Perforations Top: 4924 Bottom: 6861 No. Holes: 216 Hole size: 35/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
STAGES 01-08 TREATED WITH A TOTAL OF: 73099 BBLs OF SLICKWATER, 789860 LBS 20-40 SAND.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 05/22/2010 Hours: 22 Bbls oil: 0 Mcf Gas: 881 Bbls H2O: 30  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: 961 Bbls H2O: 21 GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 2000 Tubing PSI: 875 Choke Size: 24/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6084 Tbg setting date: 05/18/2010 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: RUTHANN MORSS  
 Title: REGULATORY Date: 6/8/2010 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: \_\_\_\_\_

*David S. Neslin*

Director of COGCC

Date: 9/29/2010

### Attachment Check List

Att Doc Num	Name	Doc Description
2555519	FORM 5A SUBMITTED	LF@2506123 2555519
2555520	WELLBORE DIAGRAM	LF@2506124 2555520

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WELL BORE DIAGRAM RECEIVED.	9/28/2010 9:56:31 AM

Total: 1 comment(s)