

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:

2555529

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

5. API Number 05-045-17970-00
6. County: GARFIELD
7. Well Name: ENYEART PAVISICH
Well Number: 16-3C (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: 05/14/2010
Perforations Top: 5350 Bottom: 7017 No. Holes: 189 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole:
STAGES 01-07 TREATED WITH A TOTAL OF: 61600 BBLS OF SLICKWATER, 100420 LBS 20-40 PR6000, 567940 LBS 20-40 SAND.
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 793 Bbls H2O: 14
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 793 Bbls H2O: 14 GOR: 1
Test Method: FLOWING Casing PSI: 1850 Tubing PSI: 218 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6404 Tbg setting date: 05/25/2010 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: 6/9/2010 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
2555529	FORM 5A SUBMITTED	LF@2506109 2555529
2555530	WELLBORE DIAGRAM	LF@2506110 2555530

Total Attach: 2 Files