

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:

2555509

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 05-045-17969-00 6. County: GARFIELD
 7. Well Name: ENYEART Well Number: 17-8C (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: 04/22/2010 Date of First Production this formation: 05/14/2010

Perforations Top: 5368 Bottom: 7067 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: 68444 BBLs OF SLICKWATER, 731300 LBS 20-40 SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/15/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 997 Bbls H2O: 22

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: 997 Bbls H2O: 22 GOR: _____

Test Method: FLOWING Casing PSI: 1700 Tubing PSI: 1160 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6470 Tbg setting date: 05/13/2010 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: 10/4/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555509	FORM 5A SUBMITTED	LF@2506134 2555509
2555510	WELLBORE DIAGRAM	LF@2506135 2555510

Total Attach: 2 Files