

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:

400101641

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: Heather Mitchell
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3070
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18996-00 6. County: GARFIELD
7. Well Name: Story Gulch Unit Well Number: 8501A-36 B36496
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 09/15/2010 Date of First Production this formation: 10/08/2010
Perforations Top: 8635 Bottom: 11985 No. Holes: 360 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐

Stages 1-12 treated with a total of: 121,016 bbls of Slickwater, 631,503 lbs 20-40 Sand, 184,692 lbs 30-50 Sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1005 Bbls H2O: 1263
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1005 Bbls H2O: 1263 GOR:
Test Method: Flowing Casing PSI: 3565 Tubing PSI: 1896 Choke Size: 22 + 22/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:
Tubing Size: 2.375 Tubing Setting Depth: 10639 Tbg setting date: 10/06/2010 Packer Depth:

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: Heather Mitchell

Title: Regulatory Analyst

Date: _____

Email: heather.mitchell@encana

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	Doc Description
400101647		SGU 8501A-36 B36 496 Wellbore Diagram.pdf

Total Attach: 1 Files