

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:

2511885

**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: MARINA AYALA  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18728-00 6. County: GARFIELD  
7. Well Name: GMU Well Number: 27-1C2 (H27NW)  
8. Location: QtrQtr: SENE Section: 27 Township: 6S Range: 93W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/21/2010</u>	Date of First Production this formation: <u>05/25/2010</u>
Perforations Top: <u>6770</u> Bottom: <u>8689</u>	No. Holes: <u>294</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
STAGES 1-9, 3-RESHOOT, 9-REPERF TREATED WITH A TOTAL OF: 85,022 BBLS OF SLICKWATER, 859,341 LBS 20-40 SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>07/10/2010</u> Hours: <u>24</u> Bbls oil: <u>25</u> Mcf Gas: <u>1128</u> Bbls H2O: <u>67</u>	
Calculated 24 hour rate:	Bbls oil: <u>25</u> Mcf Gas: <u>1128</u> Bbls H2O: <u>67</u> GOR: <u>45120</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>1325</u> Tubing PSI: <u>1050</u> Choke Size: <u>16</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>55</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8008</u> Tbg setting date: <u>06/26/2010</u> Packer Depth: _____	
Reason for Non-Production: <div></div>	
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: MARINA AYALA  
Title: ENGINEERING TECHNICIAN Date: 8/13/2010 Email MARINA.AYALA@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: 11/23/2010

**Attachment Check List**

Att Doc Num	Name
2511885	FORM 5A SUBMITTED
2511886	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)