

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:

400113005

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: Marina Ayala
Phone: (720) 876-3663
Fax: (720) 876-4663

5. API Number 05-045-19084-00
6. County: GARFIELD
7. Well Name: Story Gulch Unit
Well Number: 8505B-25 F25496
8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 10/01/2010 Date of First Production this formation: 11/09/2010
Perforations Top: 9296 Bottom: 12035 No. Holes: 270 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
Stages 1-9 treated with a total of: 58,441 bbls of Slickwater, 267,514 lbs 20-40 Sand, 112,924 lbs 30-50 Sand.
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/14/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 3024 Bbls H2O: 102
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3024 Bbls H2O: 102 GOR:
Test Method: Flowing Casing PSI: 3458 Tubing PSI: 1247 Choke Size: 40/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10949 Tbg setting date: 09/28/2010 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: Marina Ayala
Title: Permitting Tech Date: 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400113040	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)