

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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COMPLETED INTERVAL REPORT

Document Number:

400114670

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: Judith Walter
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19155-00 6. County: GARFIELD
 7. Well Name: GMR Well Number: 8-5D (K8W)
 8. Location: QtrQtr: NESW Section: 8 Township: 7S Range: 93W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 10/16/2010 Date of First Production this formation: 10/16/2010
 Perforations Top: 10492 Bottom: 10649 No. Holes: 27 Hole size: 0.34
 Provide a brief summary of the formation treatment: Open Hole:
Stages 02 treated with a total of: 8259 bbls of Slickwater, 109200 lbs 20-40 Sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2766 Bbls H2O: 330
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2766 Bbls H2O: 330 GOR: _____
 Test Method: Flowing Casing PSI: 2900 Tubing PSI: 2140 Choke Size: 20
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 10434 Tbg setting date: 11/09/2010 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: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 10/13/2010 Date of First Production this formation: 10/16/2010

Perforations Top: 10726 Bottom: 10851 No. Holes: 27 Hole size: 0.34

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

Stages 01 treated with a total of: 8239 bbls of Slickwater, 110200 lbs 20-40 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2766 Bbls H2O: 330

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2766 Bbls H2O: 330 GOR: _____

Test Method: Flowing Casing PSI: 2900 Tubing PSI: 2140 Choke Size: 20

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10434 Tbg setting date: 11/09/2010 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: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 10/18/2010 Date of First Production this formation: 10/16/2010

Perforations Top: 8078 Bottom: 9989 No. Holes: 246 Hole size: 0.34

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

Stages 03-11 treated with a total of: 59996 bbls of Slickwater, 815860 lbs 20-40 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2766 Bbls H2O: 330

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2766 Bbls H2O: 330 GOR: _____

Test Method: Flowing Casing PSI: 2900 Tubing PSI: 2140 Choke Size: 20

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10434 Tbg setting date: 11/09/2010 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: Judith Walter

Title: Regulatory Analyst Date: _____ Email: judith.walter@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
400114671	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)