

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:

400120899

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 05-045-10123-00 6. County: GARFIELD
 7. Well Name: MCU FEDERAL DISPOSAL Well Number: #2
 8. Location: QtrQtr: SESE Section: 11 Township: 8S Range: 93W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED
 Treatment Date: 10/27/2008 Date of First Production this formation: _____
 Perforations Top: 7620 Bottom: 9156 No. Holes: 98 Hole size: 038/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production:
THIS WELL IS BEING CONVERTED TO A WASATCH DISPOSAL WELL
 Date formation Abandoned: 10/27/2008 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 7500 Sacks cement on top: 2

FORMATION: WASATCH Status: SHUT IN

Treatment Date: 10/28/2008 Date of First Production this formation: _____

Perforations Top: 4562 Bottom: 5198 No. Holes: 456 Hole size: 038/100

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

INJECTION INTERVAL PERFERED FROM 4562' - 5198'. NO FRAC.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4512 Tbg setting date: 10/29/2008 Packer Depth: 4514

Reason for Non-Production: _____

THIS WELL IS BEING CONVERTED TO AN INJECTION WELL. A SECOND CIBP HAS BEEN SET JUST UNDER THE INJECTION INTERVAL AT 5300'.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 5300 Sacks cement on top: 2

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 ANALYST Date: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400120919	

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)