

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:

400122280

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 05-077-10071-00 6. County: MESA
 7. Well Name: ORCHARD UNIT Well Number: 16-16H2 (P16OU)
 8. Location: QtrQtr: SESE Section: 16 Township: 8S Range: 96W Meridian: 6
 9. Field Name: ORCHARD Field Code: 62050

Completed Interval

FORMATION: MANCOS B Status: PRODUCING
 Treatment Date: 09/24/2010 Date of First Production this formation: 09/28/2010
 Perforations Top: 7860 Bottom: 8469 No. Holes: 120 Hole size: 0.34
 Provide a brief summary of the formation treatment: Open Hole:
 Stages 24-25 treated with a total of: 22,886 bbls of Slickwater, 139,480 lbs 100 Sand, 136,100 lbs 30-50 Sand, 134,980 lbs 40-70 Sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 6972 Bbls H2O: 104
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 6972 Bbls H2O: 104 GOR: _____
 Test Method: Flowing Casing PSI: 2175 Tubing PSI: 1600 Choke Size: 28/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
 Tubing Size: 1 + 3/8 Tubing Setting Depth: 9492 Tbg setting date: 12/05/2010 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: NIOBRARA Status: PRODUCING

Treatment Date: 10/22/2010 Date of First Production this formation: 09/28/2010

Perforations Top: 9189 Bottom: 14742 No. Holes: 1764 Hole size: 0.34

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

Stages 1-23 treated with a total of: 215,266 bbls of Slickwater, 9021 gals of 15% HCL, 1,328,160 lbs 100 Sand, 147,500 lbs 20-40 Sand, 147,600 lbs 30-50 Sand, 1,602,720 lbs 40-70 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 6972 Bbls H2O: 104

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 6972 Bbls H2O: 104 GOR: _____

Test Method: Flowing Casing PSI: 2175 Tubing PSI: 1600 Choke Size: 28/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9492 Tbg setting date: 12/05/2010 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:

This well has an approved tight hole sundry

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.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
400122281	WELLBORE DIAGRAM
400122282	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)