

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:

400132786

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) 870-4703  
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19147-00 6. County: GARFIELD  
 7. Well Name: GMR Well Number: 8-6A1 (K8W)  
 8. Location: QtrQtr: NESW Section: 8 Township: 7S Range: 93W Meridian: 6  
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
 Treatment Date: 10/22/2010 Date of First Production this formation: 10/16/2010  
 Perforations Top: 8152 Bottom: 8691 No. Holes: 81 Hole size: 0.34  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Stages 6-8 treated with a total of: 55188 bbls of Slickwater, 388000 lbs 20-40 Sand. There are 5 CFP in the well, planned to be drilled out summer of 2011.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 12/14/2010 Hours: 24 Bbls oil: 313 Mcf Gas: 2215 Bbls H2O: 970  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 313 Mcf Gas: 2215 Bbls H2O: 970 GOR: \_\_\_\_\_  
 Test Method: Flowing Casing PSI: 2450 Tubing PSI: 1775 Choke Size: 20/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8067 Tbg setting date: 12/07/2010 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**

<u>Att Doc Num</u>	<u>Name</u>
400132788	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)