



COMPLETED INTERVAL REPORT

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.

Document Number:

400132786

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
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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
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Calculated 24 hour rate:	Bbls oil:	313	Mcf Gas:	2215	Bbls H2O:	970	GOR:
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Test Method: Flowing	Casing PSI: 2450	Tubing PSI: 1775	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1170	API Gravity Oil:
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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

Att Doc Num	Name
400132788	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)