

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400132786

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.

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: 7077
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: 54
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: 2/11/2011 Email judith.walter@encana.com

Attachment Check List

Att Doc Num	Name
400132786	FORM 5A SUBMITTED
400132788	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Three fish in hole. See well bore diagram.	3/2/2011 11:11:58 AM

Total: 1 comment(s)