

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400139295

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-56
4. Contact Name: Judith Walter
Phone: (720) 876-3702
Fax: (720) 876-4702

5. API Number 05-045-19080-00
6. County: GARFIELD
7. Well Name: Story Gulch Unit
Well Number: 8504A-25 F25496
8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 11/08/2010 Date of First Production this formation: 12/14/2010
Perforations Top: 8685 Bottom: 12466 No. Holes: 300 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
Stages 1-10 treated with a total of: 90982 bbls of Slickwater, 614759 lbs 100 Sand.
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 3396 Bbls H2O: 1932
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3396 Bbls H2O: 1932 GOR:
Test Method: Flowing Casing PSI: 2841 Tubing PSI: 891 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10960 Tbg setting date: 12/08/2010 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: 12638 Sacks cement on top: 0

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

Attachment Check List

Att Doc Num	Name
400139302	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)