

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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Document Number:

400142224

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
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 05-103-10544-00
6. County: RIO BLANCO
7. Well Name: FIGURE FOUR UNIT
Well Number: 8015D B15 498
8. Location: QtrQtr: NWNE Section: 15 Township: 4S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: SEGO Status: PRODUCING

Treatment Date: 05/23/2006 Date of First Production this formation: 12/22/2006

Perforations Top: 9336 Bottom: 9630 No. Holes: 45 Hole size: 0.34

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

Stages 1-2 treated with a total of 4849 bbls of Slickwater; 180,523 lbs 20-40 Sand, and 48 bbls 15% HCL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/23/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 509 Bbls H2O: 644

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 509 Bbls H2O: 644 GOR: _____

Test Method: Flowing Casing PSI: 1466 Tubing PSI: 372 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6503 Tbg setting date: 10/06/2006 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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 05/26/2006 Date of First Production this formation: 12/22/2006
Perforations Top: 6154 Bottom: 8441 No. Holes: 210 Hole size: 0.34

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

Stages 3-10 treated with a total of: 32113 bbls Slickwater; 1,274,257 lbs Sand, and 48 bbls 15% HCL

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/23/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 509 Bbls H2O: 644

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 509 Bbls H2O: 644 GOR: _____

Test Method: Flowing Casing PSI: 1466 Tubing PSI: 372 Choke Size: 24

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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 Form 5A is a follow up to the request from Penny Garrison from the COGCC on February 16, 2011. Attached is the Wellbore Diagram as of 10.10.06.

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
400142234	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)