

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400110196</div>				
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: <u>100185</u>	4. Contact Name: <u>Heather Mitchell</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3070</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4070</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	

5. API Number <u>05-045-19110-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Story Gulch Unit</u>	Well Number: <u>8505A-25 F25496</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>25</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/01/2010</u>	Date of First Production this formation: <u>11/09/2010</u>
Perforations Top: <u>8610</u> Bottom: <u>12168</u>	No. Holes: <u>330</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<u>Stages 1-11 treated with a total of: 80,507 bbls of Slickwater, 406,512 lbs 20-40 Sand, 126,683 lbs 30-50 Sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/13/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>3055</u> Bbls H2O: <u>2243</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>3055</u> Bbls H2O: <u>2243</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>3182</u> Tubing PSI: <u>1325</u> Choke Size: <u>38/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>10650</u> Tbg setting date: <u>10/27/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Heather Mitchell

Title: Regulatory Analyst Date: 11/18/2010 Email: heather.mitchell@encana.com

Attachment Check List

Att Doc Num	Name
400110196	FORM 5A SUBMITTED
400110200	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Per D.A. field is Grand Valley	4/4/2011 1:07:00 PM
Permit	waiting on field name	4/4/2011 11:59:40 AM

Total: 2 comment(s)