


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">2512486</div>	DE	ET	OE	ES				
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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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>100185</u></td> <td style="width: 50%;">4. Contact Name: <u>RUTHANN MORSS</u></td> </tr> <tr> <td>2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u></td> <td>Phone: <u>(720) 8765060</u></td> </tr> <tr> <td>3. Address: <u>370 17TH ST STE 1700</u></td> <td>Fax: <u>(720) 8766060</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>100185</u>	4. Contact Name: <u>RUTHANN MORSS</u>	2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 8765060</u>	3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 8766060</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	
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<u>Completed Interval</u>											
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<table style="width: 100%;"> <tr> <td style="width: 40%;">Treatment Date: <u>06/08/2005</u></td> <td style="width: 60%;">Date of First Production this formation: <u>07/17/2005</u></td> </tr> </table>				Treatment Date: <u>06/08/2005</u>	Date of First Production this formation: <u>07/17/2005</u>						
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<table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>6286</u></td> <td style="width: 20%;">Bottom: <u>6408</u></td> <td style="width: 20%;">No. Holes: <u>108</u></td> <td style="width: 20%;">Hole size: <u>32/100</u></td> </tr> </table>				Perforations	Top: <u>6286</u>	Bottom: <u>6408</u>	No. Holes: <u>108</u>	Hole size: <u>32/100</u>			
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Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;">STAGE 2 WAS TREATED WITH 2790 BBLS OF SLICKWATER AND 97000 LBS OF 20/40 SAND.</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> </table>				Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> </table>				Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____			
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<table style="width: 100%;"> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td>Choke Size: _____</td> </tr> </table>				Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
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Reason for Non-Production:											
<div style="border: 1px solid black; padding: 5px;">NONE GIVEN</div>											
Date formation Abandoned: <u>12/30/2006</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>6236</u> Sacks cement on top: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>CORCORAN</u>		Status: <u>TEMPORARILY ABANDONED</u>		
Treatment Date: <u>06/02/2005</u>		Date of First Production this formation: <u>07/19/2005</u>		
Perforations	Top: <u>6534</u>	Bottom: <u>6619</u>	No. Holes: <u>38</u>	Hole size: <u>32/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">STAGE 1 WAS TREATED WITH 899 BBLs OF SLICKWATER AND 28000 LBS OF 20/40 SAND.</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production:				
<div style="border: 1px solid black; padding: 2px;">NONE GIVEN</div>				
Date formation Abandoned: <u>12/30/2006</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>6236</u>		Sacks cement on top: _____		

Comment:
<div style="border: 1px solid black; height: 20px;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>RUTHANN MORSS</u>	
Title: <u>REGULATORY ANALYST</u>	Date: <u>8/23/2010</u>	Email <u>RUTHANN.MORSS@ENCANA.COM</u>	

Attachment Check List

Att Doc Num	Name
2512486	FORM 5A SUBMITTED
2512487	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)