


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2512490</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
1. OGCC Operator Number: <u>100185</u>		4. Contact Name: <u>RUTHANN MORSS</u>					
2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>		Phone: <u>(720) 876-5060</u>					
3. Address: <u>370 17TH ST STE 1700</u>		Fax: <u>(720) 876-6060</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202-56</u>					
5. API Number <u>05-077-08799-00</u>		6. County: <u>MESA</u>					
7. Well Name: <u>ORCHARD</u>		Well Number: <u>10-10D (J10OU)</u>					
8. Location: QtrQtr: <u>NWSE</u>	Section: <u>10</u>	Township: <u>8S</u>	Range: <u>96W</u> Meridian: <u>6</u>				
9. Field Name: <u>GRAND VALLEY</u>		Field Code: <u>31290</u>					
<u>Completed Interval</u>							
FORMATION: <u>CORCORAN</u>		Status: <u>ABANDONED COMPLETION</u>					
Treatment Date: <u>10/18/2004</u>		Date of First Production this formation: <u>12/30/2004</u>					
Perforations Top: <u>5562</u>	Bottom: <u>5642</u>	No. Holes: <u>40</u>	Hole size: <u>36/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<div style="border: 1px solid black; padding: 2px;">STAGES 01 TREATED WITH A TOTAL OF: 2713 BBLs OF SLICKWATER, 150000 LBS 20-40 SAND.</div>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
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;">NOT FINANCIALLY PRODUCTIVE.</div>							
Date formation Abandoned: <u>02/03/2005</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: <u>5540</u>		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: <u>RUTHANN MORSS</u>					
Title: <u>REGULATORY</u>	Date: <u>8/24/2010</u>	Email <u>RUTHANN.MORSS@ENCANA.COM</u>					

**Attachment Check List**

Att Doc Num	Name
2512490	FORM 5A SUBMITTED
2512491	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)