

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; border: 1px solid black; padding: 5px;">2512490</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>RUTHANN MORSS</u>
2. Name of Operator: <u>ENCANA OIL & 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 (J100U)</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>	

Completed Interval

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"/>
STAGES 01 TREATED WITH A TOTAL OF: 2713 BBLs OF SLICKWATER, 150000 LBS 20-40 SAND.	
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:	
NOT FINANCIALLY PRODUCTIVE.	
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: RUTHANN MORSS

Title: REGULATORY Date: 8/24/2010 Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

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

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)