


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				
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COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2512473</div>								
<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>											
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
STAGES 01-07 TREATED WITH A TOTAL OF 52974.1 BBLS OF SLICKWATER, 398600 LBS 20/40 SAND, 324000 LBS 20/40 WHITE SAND.											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
Date: <u>01/26/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1305</u> Bbls H2O: <u>4</u>											
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____											
Test Method: <u>FLOWING</u> Casing PSI: <u>1000</u> Tubing PSI: <u>750</u> Choke Size: <u>20</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>8648</u> Tbg setting date: <u>02/02/2010</u> Packer Depth: <u>0</u>											
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: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 8/30/2010 Email RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2512473	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)