

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



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Document Number:

400150744

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.

1. OGCC Operator Number: 100185 4. Contact Name: Marina Ayala
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19115-00 6. County: GARFIELD
7. Well Name: Story Gulch Unit Well Number: 8505D-36 B36496
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/14/2010</u>		Date of First Production this formation: <u>01/21/2011</u>	
Perforations	Top: <u>9075</u>	Bottom: <u>12453</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 73,323 bbls of Slickwater.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>01/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>2486</u> Bbls H2O: <u>98</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>2486</u> Bbls H2O: <u>98</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2794</u>	Tubing PSI: <u>817</u>	Choke Size: <u>64/64</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>12444</u>	Tbg setting date: <u>01/18/2011</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Marina Ayala
Title: Permitting Technician Date: _____ Email marina.ayala@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400150751	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)