

<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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; border: 1px solid black; padding: 5px;">2584650</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>HEATHER MITCHELL</u>
2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>	Phone: <u>(720) 8763070</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(303) 8764070</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	

5. API Number <u>05-045-17579-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>GMU</u>	Well Number: <u>33-3D1(G33NW)</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>33</u> Township: <u>6S</u> Range: <u>93W</u> Meridian: <u>6</u>	
9. Field Name: <u>MACK CREEK</u> Field Code: <u>52400</u>	

**Completed Interval**

FORMATION: <u>NOT APPLICABLE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/10/2009</u>	Date of First Production this formation: <u>08/14/2009</u>
Perforations Top: <u>8492</u> Bottom: <u>9107</u> No. Holes: <u>54</u> Hole size: <u>34/100</u>	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
STAGES 1-2 TREATED WITH A TOTAL OF 14997 BBLS OF SLICKWATER AND 1000 GALS OF 7.5% HCL	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>09/26/2009</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>986</u> Bbls H2O: <u>92</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>986</u> Bbls H2O: <u>92</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>750</u> Tubing PSI: <u>325</u> Choke Size: <u>14/100</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>2588</u> Tbg setting date: <u>09/24/2009</u> Packer Depth: _____	
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: _____	

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 08/17/2009 Date of First Production this formation: 08/14/2009

Perforations Top: 7288 Bottom: 8443 No. Holes: 135 Hole size: 34/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

STAGES 3-7 TREATED WITH A TOTAL OF BBLS OF SLICKWATER AND 1000 OF 7.5 HCL.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/26/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 986 Bbls H2O: 92

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 986 Bbls H2O: 92 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 750 Tubing PSI: 325 Choke Size: 14/100

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2588 Tbg setting date: 09/24/2009 Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ 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: HEATHER MITCHELL

Title: REGULATORY ANALYST Date: 10/11/2010 Email HEATHER.MITCHELL@ENCANAC.COM

**Attachment Check List**

Att Doc Num	Name
2584650	FORM 5A SUBMITTED
2584651	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)