


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> Document Number: <div style="text-align: center; font-size: 1.2em;">2584650</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>100185</u>		4. Contact Name: <u>HEATHER MITCHELL</u>					
2. Name of Operator: <u>ENCANA OIL & 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							
Test Information:							
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: <u> </u>				
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: <u> </u>				
Reason for Non-Production:							
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>					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>WILLIAMS FORK</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/17/2009</u>		Date of First Production this formation: <u>08/14/2009</u>			
Perforations	Top: <u>7288</u>	Bottom: <u>8443</u>	No. Holes: <u>135</u>	Hole size: <u>34/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">STAGES 3-7 TREATED WITH A TOTAL OF BBLS OF SLICKWATER AND 1000 OF 7.5 HCL.</div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
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: <u> </u>
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: <u> </u>		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>HEATHER MITCHELL</u>	
Title: <u>REGULATORY ANALYST</u>	Date: <u>10/11/2010</u>	Email <u>HEATHER.MITCHELL@ENCANAC.COM</u>	

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)