

**FORM
5A**Rev
02/08State 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:

400120628

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: RUTHANN MORSS
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5060
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6060
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-10106-00 6. County: GARFIELD
7. Well Name: GMU Well Number: 28-14D (K28)
8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>12/09/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6740</u>	Bottom: <u>8113</u>	No. Holes: <u>88</u> Hole size: <u>041/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
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:			
<u>THIS WELL WAS TEMPORARILY ABANDONED IN PREPARATION TO DRILL ADDITIONAL WELLS ON THIS PAD.</u>			
Date formation Abandoned: <u>12/09/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>6660</u>		Sacks cement on top: <u>2</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: RUTHANN MORSSTitle: REGULATORY ANALYST Date: 1/4/2011 Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name
400120628	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)