

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:  
400120899

**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 05-045-10123-00 6. County: GARFIELD  
 7. Well Name: MCU FEDERAL DISPOSAL Well Number: #2  
 8. Location: QtrQtr: SESE Section: 11 Township: 8S Range: 93W Meridian: 6  
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED  
 Treatment Date: 10/27/2008 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 7620 Bottom: 9156 No. Holes: 98 Hole size: 038/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 This formation is commingled with another formation:  Yes  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:  
THIS WELL IS BEING CONVERTED TO A WASATCH DISPOSAL WELL  
 Date formation Abandoned: 10/27/2008 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: 7500 Sacks cement on top: 2

FORMATION: WASATCH Status: SHUT IN

Treatment Date: 10/28/2008 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 4562 Bottom: 5198 No. Holes: 456 Hole size: 038/100

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

INJECTION INTERVAL PERFERED FROM 4562' - 5198'. NO FRAC.

This formation is commingled with another formation:  Yes  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: 2 + 7/8 Tubing Setting Depth: 4512 Tbg setting date: 10/29/2008 Packer Depth: 4514

Reason for Non-Production:

THIS WELL IS BEING CONVERTED TO AN INJECTION WELL. A SECOND CIBP HAS BEEN SET JUST UNDER THE INJECTION INTERVAL AT 5300'.

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

Bridge Plug Depth: 5300 Sacks cement on top: 2

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 MORSS

Title: REGULATORY ANALYST Date: 1/5/2011 Email RUTHANN.MORSS@ENCANA.COM

### Attachment Check List

Att Doc Num	Name
400120899	FORM 5A SUBMITTED
400120919	

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)