

**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: <u>WILLIAMS FORK</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>10/27/2008</u>	Date of First Production this formation: _____
Perforations Top: <u>7620</u> Bottom: <u>9156</u>	No. Holes: <u>98</u> Hole size: <u>038/100</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: _____	
<div>THIS WELL IS BEING CONVERTED TO A WASATCH DISPOSAL WELL</div>	
Date formation Abandoned: <u>10/27/2008</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7500</u>	Sacks cement on top: <u>2</u>

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 PERFERD 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

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

Total: 0 comment(s)