

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400128399</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>Judith Walter</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3702</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4702</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	

5. API Number <u>05-045-19001-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Story Gulch Unit</u>	Well Number: <u>8508B-36 B36496</u>
8. Location: QtrQtr: <u>Lot 2</u> Section: <u>36</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/08/2010</u>	Date of First Production this formation: <u>11/24/2010</u>
Perforations Top: <u>8413</u> Bottom: <u>12033</u>	No. Holes: <u>420</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<u>Stages 1-13 treated with a total of: 162074 bbls of Slickwater, 842720 lbs 20-40 Sand, 255333 lbs 30-50 Sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/25/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1713</u> Bbls H2O: <u>1047</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>1713</u> Bbls H2O: <u>1047</u> GOR: _____	
Test Method: <u>Flowing</u> Casing PSI: <u>3354</u> Tubing PSI: <u>1784</u> Choke Size: <u>24/64</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>10551</u> Tbg setting date: <u>11/17/2010</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: _____	

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Judith Walter

Title: Regulatory Analyst Date: 1/27/2011 Email judith.walter@encana.com

Attachment Check List

Att Doc Num	Name
400128399	FORM 5A SUBMITTED
400128407	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)