

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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COMPLETED INTERVAL REPORT

Document Number:

400158198

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: Marina Ayala
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-103-09992-00 6. County: RIO BLANCO
 7. Well Name: PMF Well Number: 9030
 8. Location: QtrQtr: SWSW Section: 6 Township: 3S Range: 103W Meridian: 6
 9. Field Name: PARK MOUNTAIN Field Code: 67410

Completed Interval

FORMATION: DAKOTA Status: SHUT IN
 Treatment Date: _____ Date of First Production this formation: 10/29/1999
 Perforations Top: 5858 Bottom: 6859 No. Holes: _____ Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/12/1999 Hours: 24 Bbls oil: 0 Mcf Gas: 1600 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1600 Bbls H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 655 Tubing PSI: 560 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7157 Tbg setting date: 12/12/1999 Packer Depth: _____
 Reason for Non-Production:

2 sacks of sand on top, no cement.
 Date formation Abandoned: 03/02/2011 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 5803 Sacks cement on top: _____

FORMATION: MANCOS B Status: PRODUCING

Treatment Date: 03/25/2011 Date of First Production this formation: 04/10/2011

Perforations Top: 4041 Bottom: 4339 No. Holes: 22 Hole size: 0.35

Provide a brief summary of the formation treatment: _____ Open Hole:

Stages 1, Mancos DFIT treated with a total of: 2956 bbls of Lightning 16, 143351 lbs 20-40 Sand, 80490 lbs 20-40 Super LC, 20/40.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 160

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 160 GOR: 0

Test Method: Flowing Casing PSI: 42 Tubing PSI: 67 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4520 Tbg setting date: 03/29/2011 Packer Depth: 0

Reason for Non-Production: _____

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

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

4/15/11 Flow Test Date: the well is on pumping unit lifting wtr up tbg, flowing gas up csg. Encana Oil & Gas (USA) Inc., request that this well information be set to "Confidential Status"

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

Signed: _____ Print Name: Marina Ayala

Title: Permitting Technician Date: _____ Email marina.ayala@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400158274	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)