

**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



DE ET OE ES

Document Number:

400150744

**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: 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 05-045-19115-00 6. County: GARFIELD  
7. Well Name: Story Gulch Unit Well Number: 8505D-36 B36496  
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed IntervalFORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 12/14/2010 Date of First Production this formation: 01/21/2011  
Perforations Top: 9075 Bottom: 12453 No. Holes: 330 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐Stages 1-11 treated with a total of 73,323 bbls of Slickwater.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 01/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2486 Bbls H2O: 98  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2486 Bbls H2O: 98 GOR: 0  
Test Method: Flowing Casing PSI: 2794 Tubing PSI: 817 Choke Size: 64/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 12444 Tbg setting date: 01/18/2011 Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ 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: Marina AyalaTitle: Permitting Technician Date: 4/6/2011 Email marina.ayala@encana.com

### Attachment Check List

Att Doc Num	Name
400150744	FORM 5A SUBMITTED
400150751	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)