

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

Document Number: 400202243

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: Judith Walter
Phone: (720) 876-3702
Fax: (720) 876-4702

5. API Number 05-045-19152-00
6. County: GARFIELD
7. Well Name: GMR
Well Number: 8-11A1 (K8W)
8. Location: QtrQtr: NESW Section: 8 Township: 7S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 06/16/2011 Date of First Production this formation: 06/28/2011
Perforations Top: 7956 Bottom: 9529 No. Holes: 162 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: [ ]
Stages 01-06 treated with a total of: 53950 bbls of Slickwater, 749400 lbs 20-40 Sand.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 07/24/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1188 Bbls H2O: 404
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1188 Bbls H2O: 404 GOR: 0
Test Method: Flowing Casing PSI: 1650 Tubing PSI: 1040 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9033 Tbg setting date: 07/23/2011 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: Judith Walter
Title: Regulatory Analyst Date: 9/1/2011 Email: judith.walter@encana.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400202243	FORM 5A SUBMITTED
400202244	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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