

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:

400220044

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) 876-5905

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6905

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19818-00

6. County: GARFIELD

7. Well Name: SGU

Well Number: 8506C-36 B36496

8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK

Status: PRODUCING

Treatment Date: 09/07/2011

Date of First Production this formation: 10/14/2011

Perforations Top: 8304 Bottom: 12081 No. Holes: 390 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Stages 1-13 treated with a total of: 291,680 bbls of Slickwater, 2,051,600 lbs of 100 Sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1714 Bbls H2O: 111

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1714 Bbls H2O: 111 GOR: 0

Test Method: Flowing Casing PSI: 2844 Tubing PSI: 638 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: 10775 Tbg setting date: 10/13/2011 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 Ayala

Title: Permitting Technician Date: 11/1/2011 Email: marina.ayala@encana.com

### Attachment Check List

Att Doc Num	Name
400220044	FORM 5A SUBMITTED
400220050	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)