

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



DE	ET	OE	ES
----	----	----	----

COMPLETED INTERVAL REPORT

Document Number:
400255090

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>Marina Ayala</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5905</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6905</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-077-10146-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>ORCHARD UNIT</u>	Well Number: <u>15-12H (D14OU)</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>14</u> Township: <u>8S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: MANCOS Status: PRODUCING

Treatment Date: 12/28/2011 Date of First Production this formation: 01/20/2012

Perforations Top: 6732 Bottom: 8594 No. Holes: 360 Hole size: 0.34

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

Stages 23-28 treated with a total of: 99,663 bbls of Slickwater, 615,240 lbs 100 Sand, 903,500 lbs 40-70 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/27/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 5411 Bbls H2O: 1759

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 5411 Bbls H2O: 1759 GOR: 0

Test Method: Flowing Casing PSI: 3250 Tubing PSI: _____ Choke Size: 26/64

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/28/2011 Date of First Production this formation: 01/20/2012

Perforations Top: 8668 Bottom: 14150 No. Holes: 1884 Hole size: 0.34

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

Stages 1-22 Treated with a total of: 212,803 bbls of Slickwater, 1,301,820 lbs 100 Sand, 1,951,100 lbs 40-70 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/27/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 5411 Bbls H2O: 1759

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 5411 Bbls H2O: 1759 GOR: 0

Test Method: Flowing Casing PSI: 3250 Tubing PSI: _____ Choke Size: 26/64

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____ 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
400255092	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)