

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:  
400255698

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: Marina Ayala  
Phone: (720) 876-5905  
Fax: (720) 876-6905

5. API Number 05-077-10149-00  
6. County: MESA  
7. Well Name: ORCHARD UNIT  
Well Number: 23-10HM (D14OU)  
8. Location: QtrQtr: NWNW Section: 14 Township: 8S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: MANCOS Status: PRODUCING  
Treatment Date: 01/06/2012 Date of First Production this formation: 01/23/2012  
Perforations Top: 8140 Bottom: 14650 No. Holes: 1560 Hole size: 0.34  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Stages 1-25 treated with a total of: 427,197 bbls of Slickwater, 1,606,651 lbs 100 Sand, 2,410,460 lbs of 40-70 Sand.  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 01/30/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 4804 Bbls H2O: 2238  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 4804 Bbls H2O: 2238 GOR: 0  
Test Method: Flowing Casing PSI: 3000 Tubing PSI: \_\_\_\_\_ Choke Size: 28/64  
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:  
Tubing not landed on this well. Encana will land tubing in 2012, a new 5A will be submitted.

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
400255719	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)