

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400291849

Date Received:

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, reoperation 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 05-045-19118-00
6. County: GARFIELD
7. Well Name: Story Gulch Unit
Well Number: 8507D-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 Type: FRACTURE

Treatment Date: 02/20/2012 End Date: 02/23/2012 Date of First Production this formation: 03/03/2012

Perforations Top: 8378 Bottom: 12019 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: 84,210 bbls of Slickwater.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 84210 Max pressure during treatment (psi): 5803

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals: 11

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 0.71

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/17/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 1000 Bbl H2O: 283

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 1000 Bbl H2O: 283 GOR: 5

Test Method: Flowing Casing PSI: 1042 Tubing PSI: 417 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: 12077 Tbg setting date: 05/04/2012 Packer Depth: 0

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
:

Attachment Check List

Att Doc Num	Name
400292226	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)