

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: 400342962

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, 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: RUTHANN MORSS Phone: (720) 876-5060 Fax: (720) 876-6060

5. API Number 05-077-09246-00
6. County: MESA
7. Well Name: KYNE Well Number: 1-10(PL1SE)
8. Location: QtrQtr: NWSE Section: 1 Township: 10S Range: 96W Meridian: 6
9. Field Name: PLATEAU Field Code: 69300

Completed Interval

FORMATION: CEDAR MOUNTAIN Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: 05/23/2008 End Date: 05/23/2008 Date of First Production this formation: 11/05/2007

Perforations Top: 8832 Bottom: 8928 No. Holes: 48 Hole size: 26/100

Provide a brief summary of the formation treatment: Open Hole: []

RBP SET @ 8214' WITH 2 SX SAND

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: SUBECONOMIC

Date formation Abandoned: 05/23/2008 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 8214 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: DAKOTA Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: 05/23/2008 End Date: 05/23/2008 Date of First Production this formation: 11/05/2007

Perforations Top: 8693 Bottom: 8810 No. Holes: 72 Hole size: 26/100

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

RBP SET AT 8214' WITH 2 SX SAND

This formation is commingled with another formation: Yes No

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

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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

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

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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

Reason for Non-Production: SUBECONOMIC

Date formation Abandoned: 05/23/2008 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8214 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: FRONTIER Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____
 Treatment Date: 05/23/2008 End Date: 05/23/2008 Date of First Production this formation: 11/05/2007
 Perforations Top: 8480 Bottom: 8500 No. Holes: 40 Hole size: 26/100
 Provide a brief summary of the formation treatment: _____ Open Hole:

RBP SET @ 8214' WITH 2 SX SAND

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: SUBECONOMIC

Date formation Abandoned: 05/23/2008 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8214 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: RUTHANN MORSS
 Title: REGULATORY ANALYST Date: _____ Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name
400343085	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)