

**FORM
5A**
Rev
06/12

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
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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: <u>100185</u>	4. Contact Name: <u>Judith Walter</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3702</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4702</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-103-10408-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>LEFT FORK</u>	Well Number: <u>6502</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>23</u> Township: <u>2S</u> Range: <u>99W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: MANCOS B Status: ABANDONED WELLBORE/COMPLETION Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/05/2003 End Date: 05/05/2005 Date of First Production this formation: _____
Perforations Top: 10642 Bottom: 11300 No. Holes: 106 Hole size: 0.43

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

Stage 3: Perfs 10642' - 10660' treated 5293 bbls of slickwater, 78000 lbs of 30-50 Econoprop, 10000 lbs of 100 sand (20 holes)
Stage 2: Perfs 10678' - 10769' no frac treatment 5/5/2005 (14 holes)
Stage 1 re-perf: Perfs 11132' - 11300' no frac 4/20/2005 (56 holes)
Stage 1 Perfs 11136' - 11299' Mancos B treated with a total of 1688 bbls slickwater, 17958 lbs of 20-40 Sand 10/05/2003 (16 Holes)
This formation was reported as shut in on the Form 5A submitted 10/24/2005. Part of this formation Mancos C (11162 -11300) should have been Mancos B (11132-11300) and was Abandoned on 4/27/2005 with CIBP @ 10883'.

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: Mancos B uneconomic & planned to recomplete this well in the Rollins formation, dump bailed cement on CBP @ 7870'.

Date formation Abandoned: 09/20/2007 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7870 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: ROLLINS Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/20/2007 End Date: 09/20/2007 Date of First Production this formation: _____
Perforations Top: 7752 Bottom: 7789 No. Holes: 18 Hole size: 0.42

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

9/21/2007 Perf & treated the Rollins formation Stage 5 - treated with a total of 2288 bbls of slickwater, 87000#'s 20-40 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: 2 + 3/8 Tubing Setting Depth: 7721 Tbg setting date: 10/03/2007 Packer Depth: _____

Reason for Non-Production: Shut In: Sand needs to be cleaned out of the potential Rollins zone.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7870 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: SEGO Status: ABANDONED WELLBORE/COMPLETION Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/23/2005 End Date: 05/31/2005 Date of First Production this formation: _____
Perforations Top: 8344 Bottom: 8509 No. Holes: 24 Hole size: 0.43

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

This formation never produced gas. This zone was Abandoned 8/29/05-8/31/2005, but was reported on the Form 5A (10/24/2005) as Shut in.
Stage 4: treated with a total of 902 bbls slickwater, 160,000 lbs. 20-40 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: Sego uneconomic, Big 4 Cementing LLC; 30 sacks in perf, 40 sacks in csg, 40 sacks to pit = 110 sacks of cement.
Teftteller Slickline Unit on location for the cement squeeze job. 8/30/2005 report.

Date formation Abandoned: 08/31/2005 Squeeze: Yes No If yes, number of sacks cmt 110

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

Comment:
THIS IS SUBMITTED TO CORRECT ALL THE STATUS'S OF THE FORMATIONS
9/21/2007 All production reported for this well belongs to the re-completed "Rollins" formation, after this date.
9/20/2007 CIBP @ 7870' (covers the Mancos B, Sego formations; Sego was abandoned w a cmt squeeze job on 8/30/2005)
4/28/2005-9/20/2007 Production should be reported to the Mancos B formation.
4/27/2005 CIBP @ 10883' (covers part of the Mancos B formation 11132 - 11300)

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Judith Walter
Title: Regulatory Analyst Date: _____ Email judith.walter@encana.com

Attachment Check List

Att Doc Num	Name
400490191	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)