

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:
400175742

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>RUTHANN MORSS</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5060</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6060</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-045-16850-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>1-13(ON-1)</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>1</u> Township: <u>8S</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: COZZETTE Status: TEMPORARILY ABANDONED

Treatment Date: 05/21/2011 Date of First Production this formation: 12/10/2008
Perforations Top: 5190 Bottom: 5366 No. Holes: 27 Hole size: 36/100

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

SET CBP AND TESTED TO 600 PSI

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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:

DRILLING ADDITIONAL WELLS ON PAD

Date formation Abandoned: 05/21/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 3662 Sacks cement on top: 2

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED

Treatment Date: 05/21/2011 Date of First Production this formation: 12/10/2008
Perforations Top: 3752 Bottom: 4828 No. Holes: 108 Hole size: 36/100

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

SET CBP AND TEST TO 600 PSI

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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:

DRILLING ADDITIONAL WELLS ON PAD

Date formation Abandoned: 05/21/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 3662 Sacks cement on top: 2

Comment:

CBP SET AND MIT DONE ON WELL PRIOR TO REMOVING PRODUCTION EQUIPMENT

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

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
400175744	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)