

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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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.

Document Number:

400230715

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 05-045-20792-00
6. County: GARFIELD
7. Well Name: FEDERAL Well Number: 36-1H (ON1)
8. Location: QtrQtr: SESW Section: 1 Township: 8S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: MANCOSStatus: PRODUCINGTreatment Date: 10/10/2011Date of First Production this formation: 11/03/2011Perforations Top: 6970 Bottom: 8181 No. Holes: 240 Hole size: 0.39

Provide a brief summary of the formation treatment:

Open Hole: ☐Stages 31-34 Treated with a total of; 69,687 bbls of Slickwater 397,250 lbs 100 Sand, 600,023 lbs 40-70 White.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/10/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 12717 Bbls H2O: 543Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 12717 Bbls H2O: 543 GOR: 0Test Method: Flowing Casing PSI: 4500 Tubing PSI: 0 Choke Size: 24/64Gas 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: _____

FORMATION: NIOBRARAStatus: PRODUCINGTreatment Date: 10/10/2011Date of First Production this formation: 11/03/2011Perforations Top: 8380 Bottom: 16520 No. Holes: 1860 Hole size: 0.39

Provide a brief summary of the formation treatment:

Open Hole: ☐Stages 1-30 treated with a total of: 347,328 bbls of Slickwater, 2,104,190 lbs 100 Sand, 1,050,000 lbs 40-70 Sand 2,102,997 lbs 40-70 WhiteThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/10/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 12717 Bbls H2O: 543Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 12717 Bbls H2O: 543 GOR: 0Test Method: Flowing Casing PSI: 4500 Tubing PSI: _____ Choke Size: 24/64Gas 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:

Encana will not land tubing until the Spring of 2012 on this well. Another Form 5A will be sent when tubing landed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Marina AyalaTitle: 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
400230719	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)