

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:

400330427

Date Received:

09/25/2012

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: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-6905

5. API Number 05-045-20186-00
6. County: GARFIELD
7. Well Name: FEDERAL SAVAGE
Well Number: 11-3B (RD-11)
8. Location: QtrQtr: NWNW Section: 11 Township: 7S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/17/2012 End Date: 03/09/2012 Date of First Production this formation: 03/15/2012

Perforations Top: 9008 Bottom: 9145 No. Holes: 27 Hole size: 0.39

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

Stage 1 treated with a total of: 12,431 bbls of Slickwater.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 12431

Max pressure during treatment (psi): 6540

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.84

Total acid used in treatment (bbl):

Number of staged intervals: 9

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 12431

Disposition method for flowback: RECYCLE

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: 03/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1137 Bbl H2O: 496
Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 1137 Bbl H2O: 496 GOR: 0
Test Method: Flowing Casing PSI: 1300 Tubing PSI: 600 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8013 Tbg setting date: 03/21/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/17/2012 End Date: 03/19/2012 Date of First Production this formation: 03/15/2012
Perforations Top: 6068 Bottom: 8311 No. Holes: 216 Hole size: 0.39
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Stages 2-9 treated with a total of: 64,423 bbls of Slickwater.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 64423

Max pressure during treatment (psi): 6540

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.84

Total acid used in treatment (bbl): 0

Number of staged intervals: 9

Recycled water used in treatment (bbl): 64423

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 0

Disposition method for flowback: RECYCLE

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: 03/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1137 Bbl H2O: 496
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1137 Bbl H2O: 496 GOR: 0
Test Method: Flowing Casing PSI: 1300 Tubing PSI: 600 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8013 Tbg setting date: 03/21/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Barb, New 5A with corrected formations.

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: 9/25/2012 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400330427	FORM 5A SUBMITTED
400330482	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)