

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">2512486</div>				
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) 8765060</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 8766060</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	

5. API Number <u>05-045-10355-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>TBI FEDERAL</u>	Well Number: <u>31-12 (PI 36-7-</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>36</u> Township: <u>7S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>	

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>06/08/2005</u>	Date of First Production this formation: <u>07/17/2005</u>
Perforations Top: <u>6286</u> Bottom: <u>6408</u>	No. Holes: <u>108</u> Hole size: <u>32/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>STAGE 2 WAS TREATED WITH 2790 BBLs OF SLICKWATER AND 97000 LBS OF 20/40 SAND.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
<u>NONE GIVEN</u>	
Date formation Abandoned: <u>12/30/2006</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>6236</u>	Sacks cement on top: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 06/02/2005 Date of First Production this formation: 07/19/2005

Perforations Top: 6534 Bottom: 6619 No. Holes: 38 Hole size: 32/100

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

STAGE 1 WAS TREATED WITH 899 BBLs OF SLICKWATER AND 28000 LBS OF 20/40 SAND.

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:

NONE GIVEN

Date formation Abandoned: 12/30/2006 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 6236 Sacks cement on top: _____

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: 8/23/2010 Email RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2512486	FORM 5A SUBMITTED
2512487	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)