


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2512484</div>				
<p>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.</p>							
1. OGCC Operator Number: <u>100185</u> 2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u> 3. Address: <u>370 17TH ST STE 1700</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>		4. Contact Name: <u>RUTHANN MORSS</u> Phone: <u>(720) 8765060</u> Fax: <u>(720) 8766060</u>					
5. API Number <u>05-045-10358-00</u> 7. Well Name: <u>TBI FEDERAL</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>		6. County: <u>GARFIELD</u> Well Number: <u>36-16 (PI 36-7-</u>					
<b>Completed Interval</b>							
FORMATION: <u>COZZETTE</u>		Status: <u>TEMPORARILY ABANDONED</u>					
Treatment Date: <u>06/06/2005</u>		Date of First Production this formation: <u>09/05/2005</u>					
Perforations Top: <u>6226</u>	Bottom: <u>6314</u>	No. Holes: <u>64</u>	Hole size: <u>41/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
STAES 02 TREATED WITH A TOATL OF 4282 BBLS SLICKWATER, 174000 LBS 20/40 SAND							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
Test Method: _____		Casing PSI: _____	Tubing PSI: _____				
Gas Disposition: _____		Gas Type: _____	BTU Gas: _____				
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____				
Reason for Non-Production:		Packer Depth: _____					
NONE GIVEN							
Date formation Abandoned: <u>08/20/2005</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Bridge Plug Depth: <u>6200</u>		If yes, number of sacks cmt _____					
Sacks cement on top: <u>1</u>							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>CORCORAN</u>		Status: <u>TEMPORARILY ABANDONED</u>		
Treatment Date: <u>06/03/2005</u>		Date of First Production this formation: <u>09/05/2005</u>		
Perforations	Top: <u>6402</u>	Bottom: <u>6516</u>	No. Holes: <u>56</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">STAGES 01 TREATED WITH A TOTAL OF 2158 BBLs OF SLICKWATER, 88000 LBS 20/40 SAND.</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
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:				
<div style="border: 1px solid black; padding: 2px;">NONE GIVEN</div>				
Date formation Abandoned: <u>08/20/2005</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>6370</u>		Sacks cement on top: <u>1</u>		

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>RUTHANN MORSS</u>	
Title: <u>REGULATORY ANALYST</u>	Date: <u>8/9/2010</u>	Email <u>RUTHANN.MORSS@ENCANA.COM</u>	

### Attachment Check List

Att Doc Num	Name
2512484	FORM 5A SUBMITTED
2512485	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)