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| 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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2071190</div> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | | | | | |
| <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> | | 4. Contact Name: <u>HEATHER MITCEHLL</u> | | | | | |
| 2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u> | | Phone: <u>(720) 8763070</u> | | | | | |
| 3. Address: <u>370 17TH ST STE 1700</u> | | Fax: <u>(720) 8764070</u> | | | | | |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u> | | | | | | | |
| 5. API Number <u>05-045-06058-00</u> | | 6. County: <u>GARFIELD</u> | | | | | |
| 7. Well Name: <u>FEDERAL</u> | | Well Number: <u>1-26</u> | | | | | |
| 8. Location: QtrQtr: <u>NENW</u> Section: <u>35</u> Township: <u>6S</u> Range: <u>104W</u> Meridian: <u>6</u> | | | | | | | |
| 9. Field Name: <u>SOUTH CANYON</u> | | Field Code: <u>77750</u> | | | | | |
| <u>Completed Interval</u> | | | | | | | |
| FORMATION: <u>DAKOTA</u> | | Status: <u>SHUT IN</u> | | | | | |
| Treatment Date: <u>08/26/2010</u> | | Date of First Production this formation: <u>08/02/1974</u> | | | | | |
| Perforations Top: <u>4190</u> Bottom: <u>4224</u> | | No. Holes: <u>0</u> Hole size: _____ | | | | | |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | | | | |
| <div style="border: 1px solid black; padding: 2px;">CICR SET AT 4100'</div> | | | | | | | |
| 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: | | | | | | | |
| <div style="border: 1px solid black; padding: 2px;">NONE GIVEN</div> | | | | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | | | | | |
| Bridge Plug Depth: <u>4100</u> | | Sacks cement on top: _____ | | | | | |
| Comment: | | | | | | | |
| <div style="border: 1px solid black; height: 20px;"></div> | | | | | | | |
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. | | | | | | | |
| Signed: _____ | | Print Name: <u>HEATHER MITCHELL</u> | | | | | |
| Title: <u>REGULATORY ANALYST</u> | | Date: <u>9/9/2010</u> Email <u>HEATHER.MITCEHLL@ENCANA.COM</u> | | | | | |

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2071190 | FORM 5A SUBMITTED |
| 2071213 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)