

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 with columns DE, ET, OE, ES

Document Number: 2071190

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 4. Contact Name: HEATHER MITCEHLL
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 8763070
3. Address: 370 17TH ST STE 1700 Fax: (720) 8764070
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-06058-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: 1-26
8. Location: QtrQtr: NENW Section: 35 Township: 6S Range: 104W Meridian: 6
9. Field Name: SOUTH CANYON Field Code: 77750

Completed Interval

FORMATION: DAKOTA Status: SHUT IN
Treatment Date: 08/26/2010 Date of First Production this formation: 08/02/1974
Perforations Top: 4190 Bottom: 4224 No. Holes: 0 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
CICR SET AT 4100'
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: Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: 4100 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: HEATHER MITCHELL
Title: REGULATORY ANALYST Date: 9/9/2010 Email: HEATHER.MITCEHLL@ENCANA.COM

**Attachment Check List**

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

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)