

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



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Document Number:

400272237

Date Received:

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

7. Well Name: FEDERAL SAVAGE

8. Location: QtrQtr: NWNW Section: 11 Township: 7S Range: 94W Meridian: 6

9. Field Name: RULISON Field Code: 75400

6. County: GARFIELD

Well Number: 11-3B (RD-11)

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 02/17/2012 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

Test Information:

Date: 03/22/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1137 Bbls H2O: 496

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1137 Bbls 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: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 02/17/2012 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

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

Test Information:

Date: 03/22/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1137 Bbls H2O: 496

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1137 Bbls H2O: 496 GOR: 0

Test Method: Flowing Casing PSI: 1300 Tubing PSI: 600 Choke Size: 24/64

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Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ 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: Marina Ayala

Title: Permitting Technician Date: _____ marina.ayala@encana.com

Email
:

Attachment Check List

Att Doc Num	Name
400272248	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)