

**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: <u>100185</u>	4. Contact Name: <u>Marina Ayala</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5905</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6905</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-045-20186-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL SAVAGE</u>	Well Number: <u>11-3B (RD-11)</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>11</u> Township: <u>7S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	

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

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: _____

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)