

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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
6. County: GARFIELD
7. Well Name: FEDERAL SAVAGE
Well Number: 11-3B (RD-11)
8. Location: QtrQtr: NWNW Section: 11 Township: 7S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type:
Treatment Date: 02/17/2012 End Date: 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: [X] Yes [] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1137 Bbl H2O: 496
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1137 Bbl 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: _____
 Treatment Date: 02/17/2012 End Date: _____ 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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

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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: _____ ** Wireline and Cement Job Summary must be attached.

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: 4/13/2012 Email marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400272237	FORM 5A SUBMITTED
400272248	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	off hold; oper. corrected fm. top & btm. for RLNS	8/27/2012 9:40:54 AM
Permit	RLNS perms are below top CRCRN reported on form 5.	8/1/2012 10:15:39 AM
Permit	On Hold pending form 5 approval.	6/15/2012 11:33:32 AM

Total: 3 comment(s)