

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:

400192554

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: Judith Walter
2. Name of Operator: ENCANA OIL & GAS (USA) INC	Phone: (720) 876-3702
3. Address: 370 17TH ST STE 1700	Fax: (720) 876-4702
City: DENVER State: CO Zip: 80202-	

5. API Number 05-045-14367-00	6. County: GARFIELD
7. Well Name: N.PARACHUTE	Well Number: CP11A-06-E06 59
8. Location: QtrQtr: SWNW Section: 6 Township: 5S Range: 96W Meridian: 6	
9. Field Name: WILDCAT	Field Code: 99999

Completed Interval

FORMATION: COZZETTE-CORCORANStatus: SHUT INTreatment Date: 06/22/2009

Date of First Production this formation: _____

Perforations Top: 10452 Bottom: 10632 No. Holes: 72 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☒2000 gal HCL - 7-1/2% inhibitor. 126,471 Bbls water was pumped into the formation. This formation never produced.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:

ConocoPhillips Company's Operations shut down in the Piceance.Date formation Abandoned: 06/28/2009 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 11410 Sacks cement on top: 4FORMATION: SEGOStatus: SHUT INTreatment Date: 05/23/2009

Date of First Production this formation: _____

Perforations Top: 10882 Bottom: 10905 No. Holes: 18 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐Pumped 76,544 bbls water into the Sego formation. Perf gun got stuck during the perf job 10864'-10876'. This formation never produced.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:

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: Judith WalterTitle: Regulatory Anayst Date: _____ Email judith.walter@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400192564	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)