

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400184056

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) 876-4905

5. API Number 05-045-19164-00  
6. County: GARFIELD  
7. Well Name: Federal Gardner  
Well Number: 20-6 (PN20)  
8. Location: QtrQtr: SESW Section: 20 Township: 7S Range: 95W Meridian: 6  
9. Field Name: PARACHUTE Field Code: 67350

**Completed Interval**

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/26/2011</u>		Date of First Production this formation: <u>05/18/2011</u>	
Perforations	Top: <u>5412</u> Bottom: <u>7195</u>	No. Holes: <u>189</u>	Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Stages 1-7 treated with a total of: 86,721 bbls of Slickwater.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>05/26/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>496</u> Bbls H2O: <u>927</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>496</u> Bbls H2O: <u>927</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1850</u>	Tubing PSI: <u>1050</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6583</u>	Tbg setting date: <u>05/16/2011</u>	Packer Depth: <u>0</u>
Reason for Non-Production:			
<div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 7/11/2011 Email: marina.ayala@encana.com

### Attachment Check List

Att Doc Num	Name
400184056	FORM 5A SUBMITTED
400184082	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)