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: 400201268

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: RUTHANN MORSS
Phone: (720) 876-5060
Fax: (720) 876-6060

5. API Number 05-045-12095-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: 20-13 (PA30)
8. Location: QtrQtr: NENE Section: 30 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED

Treatment Date: 08/23/2011 Date of First Production this formation: 09/18/2006

Perforations Top: 4769 Bottom: 6476 No. Holes: 136 Hole size: 34/100

Provide a brief summary of the formation treatment: Open Hole: ☐

SET CBP @ 4680', TESTED TO 1000 PSI.
SET CBP @ 3635', TESTED TO 1500 PSI AND DUMPED 2 SX CEMENT ON TOP. SURFACE EQUI;MENT REMOVED.

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:

WELL WAS TEMPORARILY ABANDONED TO EXPAND LOCATION TO DRILL ADDITIONAL WELLS.

Date formation Abandoned: 08/23/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

Bridge Plug Depth: 3635 Sacks cement on top: 2

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST Date: Email: RUTHANN.MORSS@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
400201273	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)