

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:

400201527

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 05-045-09813-00
6. County: GARFIELD
7. Well Name: S.PARACHUTE FEDERAL
Well Number: 30-14
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: 08/24/2011	Date of First Production this formation: 05/18/2004
Perforations Top: 4442 Bottom: 6228	No. Holes: 158 Hole size: 3 + 3/8
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
CBP SET @ 4385', TESTED TO 1500 PSI AND DUMP BAILED 2 SX CEMENT ON TOP	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
DRILLING ADDITIONAL WELLS ON PAD	
Date formation Abandoned: 08/24/2011 Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: 4385 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
400201529	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)