

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



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

COMPLETED INTERVAL REPORT

Document Number: 400201527

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: [ ]
CBP SET @ 4385', TESTED TO 1500 PSI AND DUMP BAILED 2 SX CEMENT ON TOP
This formation is commingled with another formation: [ ] Yes [X] 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: [ ] Yes [X] 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: 8/31/2011 Email: RUTHANN.MORSS@ENCANA.COM

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400201527   | FORM 5A SUBMITTED |
| 400201529   | WELLBORE DIAGRAM  |

Total Attach: 2 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)