

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 columns DE, ET, OE, ES

Document Number: 400206456

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 05-045-19169-00
6. County: GARFIELD
7. Well Name: Federal
Well Number: 25-1 (PH25)
8. Location: QtrQtr: SENE Section: 25 Township: 7S Range: 96W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 06/01/2011 Date of First Production this formation: 07/08/2011
Perforations Top: 4852 Bottom: 6581 No. Holes: 189 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: [ ]
Stages 01-07 treated with a total of: 65222 bbls of Slickwater, 147780 lbs 20-40 Sand.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 07/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 789 Bbls H2O: 324
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 789 Bbls H2O: 324 GOR: 0
Test Method: Flowing Casing PSI: 1350 Tubing PSI: 745 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5993 Tbg setting date: 06/16/2011 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 Walter
Title: Regulatory Analyst 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
400206457	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)