

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:

400238695

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: Erin Hochstetler
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5827
3. Address: 370 17TH ST STE 1700 Fax: _____
City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19889-00 6. County: GARFIELD
7. Well Name: Daybreak Federal Well Number: 19-7C (PJ19)
8. Location: QtrQtr: NWSE Section: 19 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>11/11/2011</u>		Date of First Production this formation: <u>12/08/2011</u>	
Perforations	Top: <u>4418</u> Bottom: <u>6229</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"/>	
Stages 01-07 treated with a total of: 84875 bbls of Slickwater and 750 gals of 7.5% HCL.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>12/13/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1678</u> Bbls H2O: <u>314</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1678</u> Bbls H2O: <u>314</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1750</u>	Tubing PSI: <u>1100</u>	Choke Size: <u>28</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>2.375</u>	Tubing Setting Depth: <u>6420</u>	Tbg setting date: <u>12/07/2011</u>	Packer Depth: _____
Reason for Non-Production: _____			
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: Erin Hochstetler
Title: Permitting Technician Date: 1/9/2012 Email: erin.hochstetler@encana.com

Attachment Check List

Att Doc Num	Name
400238695	FORM 5A SUBMITTED
400238715	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--form 5 approved.	1/11/2012 8:26:24 AM
Permit	on hold pending approval of form 5.	1/10/2012 9:43:10 AM

Total: 2 comment(s)