

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:

400245697

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 05-045-10771-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: 30-5(PD30)
8. Location: QtrQtr: NWNW Section: 30 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 12/04/2011 Date of First Production this formation: 12/09/2009
Perforations Top: 4604 Bottom: 4705 No. Holes: 27 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole: ☐
STAGE 8 TREATED WITH A TOTAL OF 9907 BBLS SLICKWATER
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 12/23/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 423 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 423 Bbls H2O: 2 GOR: 0
Test Method: FLOWING Casing PSI: 500 Tubing PSI: 200 Choke Size: 30/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5868 Tbg setting date: 12/22/2011 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: RUTHANN MORSS

Title: REGULATORY ANALYST Date: 1/26/2012 Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name
400245697	FORM 5A SUBMITTED
400245698	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)