

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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

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Date Received:

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 05-045-14125-00
6. County: GARFIELD
7. Well Name: GARDNER FEDERAL
Well Number: 21-15(PC28)
8. Location: QtrQtr: LOT 3 Section: 28 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED
Treatment Date: 04/05/2012 Date of First Production this formation: 08/07/2007
Perforations Top: 5588 Bottom: 6602 No. Holes: 70 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole:
CBP SET @ 5530', TESTED TO 1500 PSI
This formation is commingled with another formation: Yes 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:
ADDITIONAL WELLS BEING DRILLED ON THE PAD
Date formation Abandoned: 04/05/2012 Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: 5530 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

Attachment Check List

Att Doc Num	Name
400279798	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)