

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400281861

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: Marina Ayala
Phone: (720) 876-5908
Fax: (720) 876-6905

5. API Number 05-045-20229-00
6. County: GARFIELD
7. Well Name: Federal
Well Number: 28-13 (PL28)
8. Location: QtrQtr: NWSW Section: 28 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/05/2012 Date of First Production this formation: 04/27/2012

Perforations Top: 6108 Bottom: 7929 No. Holes: 189 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: ☐

Stages 1-7 treated with a total of: 84,265 bbls of Slickwater.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 05/04/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 862 Bbls H2O: 782

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 862 Bbls H2O: 782 GOR: 0

Test Method: Flowing Casing PSI: 1700 Tubing PSI: 770 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7232 Tbg setting date: 04/19/2012 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: Marina Ayala

Title: Permitting Technician Date: Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400281865	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)