

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:

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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 4. Contact Name: Marina Ayala
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6905
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20225-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: 28-12BB (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: 05/02/2012
 Perforations Top: 5948 Bottom: 7757 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: 115,484 bbls of Slickwater.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/09/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1406 Bbls H2O: 664
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1406 Bbls H2O: 664 GOR: 0
 Test Method: Flowing Casing PSI: 1700 Tubing PSI: 900 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: 7124 Tbg setting date: 04/25/2012 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

<u>Att Doc Num</u>	<u>Name</u>
400283347	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)