

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:

400285530

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) 876-5905

Fax: (720) 876-4905

5. API Number 05-045-20673-00

7. Well Name: Federal

6. County: GARFIELD

Well Number: 25-4D (PE-25)

8. Location: QtrQtr: SWNW Section: 25 Township: 7S Range: 96W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK

Status: PRODUCING

Treatment Date: 04/15/2012

Date of First Production this formation: 05/06/2012

Perforations Top: 3898 Bottom: 5729 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: 114,521 bbls of Slickwater.

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

Test Information:

Date: 05/10/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 854 Bbls H2O: 505

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 854 Bbls H2O: 505 GOR: 0

Test Method: Flowing Casing PSI: 1300 Tubing PSI: 640 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: 5091 Tbg setting date: 05/09/2012 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
400285532	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)