

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400288607

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 05-045-10874-00  
6. County: GARFIELD  
7. Well Name: FEDERAL  
Well Number: 28-14 (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: 05/14/2012	Date of First Production this formation: 12/21/2005
Perforations Top: 6115 Bottom: 7541	No. Holes: 112 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
CBP @ 4020' WERE DRILLED OUT REMOVING THIS WELL FROM TA STATUS	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

WELL WAS TEMPORARILY ABANDONED TO DRILL ADDITIONAL WELLS ON PAD. CBP DRILLED OUT TO RETURN WELL TO PRODUCTION.

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
400288615	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)