

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with 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: Marina Ayala Phone: (720) 876-5905 Fax: (720) 876-6905

5. API Number 05-045-20652-00 6. County: GARFIELD 7. Well Name: Federal Well Number: 25-5B (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 Type: FRACTURE

Treatment Date: 04/14/2012 End Date: 04/21/2012 Date of First Production this formation: 05/03/2012

Perforations Top: 3774 Bottom: 5613 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: 96,712 bbls of Slickwater.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 96712 Max pressure during treatment (psi): 4469

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals: 7

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 0.69

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/18/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 728 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 728 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 920 Tubing PSI: 500 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4965 Tbg setting date: 05/11/2012 Packer Depth: 0

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@encana.com

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

Attachment Check List

Att Doc Num	Name
400292534	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)