

FORM  
5A

Rev  
06/12

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:

400283127

Date Received:

05/09/2012

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 05-045-20677-00  
6. County: GARFIELD  
7. Well Name: Federal  
Well Number: 25-5D (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:  
Treatment Date: 04/14/2012 End Date: Date of First Production this formation: 04/30/2012  
Perforations Top: 3764 Bottom: 5549 No. Holes: 162 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐

Stages 1-6 treated with a total of: 94,370 bbls of Slickwater.

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Number of staged intervals:

Total acid used in treatment (bbl):

Max frac gradient (psi/ft):

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/07/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 865 Bbl H2O: 554  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 865 Bbl H2O: 554 GOR: 0  
Test Method: Flowing Casing PSI: 1300 Tubing PSI: 750 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4992 Tbg setting date: 04/25/2011 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

Title: Permitting Technician Date: 5/9/2012 Email marina.ayala@encana.com  
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### **Attachment Check List**

Att Doc Num	Name
400283127	FORM 5A SUBMITTED
400283132	WELLBORE DIAGRAM

Total Attach: 2 Files