

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



Table with columns DE, ET, OE, ES

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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 05-045-20654-00 6. County: GARFIELD 7. Well Name: Federal Well Number: 25-4A (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: 04/15/2012 End Date: Date of First Production this formation: 04/30/2012 Perforations Top: 4172 Bottom: 6081 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: 66,688 bbls of Slickwater.

This formation is commingled with another formation: [] Yes [X] 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: 05/08/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 745 Bbl H2O: 438 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 745 Bbl H2O: 438 GOR: 0 Test Method: Flowing Casing PSI: 1700 Tubing PSI: 660 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: 5493 Tbg setting date: 05/04/2012 Packer Depth: 5001

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: 5/15/2012 Email marina.ayala@encana.com
:

Attachment Check List

Att Doc Num	Name
400284789	FORM 5A SUBMITTED
400284840	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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