

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400317920

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 05-045-20551-00 6. County: GARFIELD 7. Well Name: Cook Martin 8. Location: QtrQtr: NWNE Section: 20 Township: 7S Range: 95W Meridian: 6 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/28/2012 End Date: 07/08/2012 Date of First Production this formation: 07/20/2012

Perforations Top: 4786 Bottom: 6519 No. Holes: 162 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

Stages 1-6 treated with a total of: 66,008 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 66008 Max pressure during treatment (psi): 4766 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50 Type of gas used in treatment: Max frac gradient (psi/ft): 0.72 Total acid used in treatment (bbl): 0 Number of staged intervals: 6 Recycled water used in treatment (bbl): 66008 Flowback volume recovered (bbl): 17063 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/01/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1468 Bbl H2O: 824 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1468 Bbl H2O: 824 GOR: 0 Test Method: Flowing Casing PSI: 1100 Tubing PSI: 650 Choke Size: 32/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5852 Tbg setting date: 07/19/2012 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: ** Wireline and Cement Job Summary must be attached.

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
400317924	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)