

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 05-045-21189-00
6. County: GARFIELD
7. Well Name: Gardner
Well Number: 21-14C (PC-28)
8. Location: QtrQtr: LOT 3 Section: 28 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: 09/25/2012 End Date: 10/03/2012 Date of First Production this formation: 10/02/2012

Perforations Top: 5284 Bottom: 7175 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: 68,501 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 68501 Max pressure during treatment (psi): 4990
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50
Type of gas used in treatment: Min frac gradient (psi/ft): 0.67
Total acid used in treatment (bbl): 0 Number of staged intervals: 6
Recycled water used in treatment (bbl): 68501 Flowback volume recovered (bbl): 25777
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: 10/09/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 277 Bbl H2O: 812
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 277 Bbl H2O: 812 GOR: 0
Test Method: Flowing Casing PSI: 630 Tubing PSI: Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 117 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

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:

Tubing has not landed on this well. Will submit a new Form 5A when tubing is landed.

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
400346127	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)