

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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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 4. Contact Name: Marina Ayala
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905
3. Address: 370 17TH ST STE 1700 City: DENVER State: CO Zip: 80202- Fax: (720) 876-6905

5. API Number 05-045-21194-00 6. County: GARFIELD
7. Well Name: Federal Well Number: 29-6B (PF-29)
8. Location: QtrQtr: SENW Section: 29 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: 09/01/2012 End Date: 09/13/2012 Date of First Production this formation: 09/21/2012
Perforations Top: 4602 Bottom: 6543 No. Holes: 189 Hole size: 0.38

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

Stages 1-7 treated with a total of: 70,612 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 70612 Max pressure during treatment (psi): 4989
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): 0.58
Total acid used in treatment (bbl): 0 Number of staged intervals: 7
Recycled water used in treatment (bbl): 70612 Flowback volume recovered (bbl): 29922
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: 09/28/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 822 Bbl H2O: 875
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 822 Bbl H2O: 875 GOR: 0
Test Method: Flowing Casing PSI: 860 Tubing PSI: Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 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 no been landed on this well. A new 5A will be submited 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: 11/6/2012 Email marina.ayala@encana.com  
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### Attachment Check List

Att Doc Num	Name
400343972	FORM 5A SUBMITTED
400343979	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator will run tubing in future. ON HOLD:Waiting on paper CBL.	12/7/2012 11:23:53 AM

Total: 1 comment(s)