

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: 400375899

Date Received: 01/29/2013

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: RUTHANN MORSS
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5060
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6060
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-14124-00 6. County: GARFIELD
 7. Well Name: GARDNER Well Number: 21-13(PC28)
 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: _____
 Treatment Date: 01/07/2013 End Date: 01/07/2013 Date of First Production this formation: 08/07/2007
 Perforations Top: 5533 Bottom: 7249 No. Holes: 102 Hole size: 34/100

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

CIBP @ 5459' DRILLED OUT ON 1-7-13 REMOVING THE WELL FROM TEMPORARY ABANDON STATUS

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: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: RUTHANN MORSS
Title: REGULATORY ANALYST Date: 1/29/2013 Email: RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
400375899	FORM 5A SUBMITTED
400375913	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Well is back on production.	4/1/2013 1:28:18 PM

Total: 1 comment(s)