

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: 400472861

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: RUTHANN MORSS Phone: (720) 876-5060 Fax: (720) 876-6060

5. API Number 05-045-11160-00
6. County: GARFIELD
7. Well Name: FEDERAL Well Number: 29-1(PA29)
8. Location: QtrQtr: NENE Section: 29 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: 08/09/2013 End Date: 08/09/2013 Date of First Production this formation: 12/12/2006

Perforations Top: 5380 Bottom: 6732 No. Holes: 102 Hole size: 42/100

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

CBP SET @ 5300' AND TOPPED WITH 2 SX CEMENT

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: DRILLING ADDITIONAL WELLS ON THE PAD

Date formation Abandoned: 08/09/2013 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 5300 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

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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: _____ Email: RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400472864	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)