

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 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 Email: RUTHANN.MORSS@ENCANA.COM

5. API Number 05-045-11160-00 6. County: GARFIELD 7. Well Name: FEDERAL 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: 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: 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: 8/27/2013 Email: RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400472861	FORM 5A SUBMITTED
400472864	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: abandon WMFK w/ CIBP @ 5300' w/ 2 sxs.	9/17/2014 3:06:19 PM

Total: 1 comment(s)