

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 05-045-17968-00
6. County: GARFIELD
7. Well Name: ENYEART GARDNER Well Number: 16-5D(PD16)
8. Location: QtrQtr: NWNW Section: 16 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:

Treatment Date: 04/15/2010 End Date: Date of First Production this formation: 05/15/2010

Perforations Top: 5358 Bottom: 7219 No. Holes: 189 Hole size: 34/100

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

STAGES 01-07 TREATED WITH A TOTAL OF: 64642 BBLS OF SLICKWATER, 379060 LBS 20-40 SAND, 312800 LBS 30-50 SAND.

This formation is commingled with another formation: [] Yes [X] 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: 05/17/2010 Hours: 24 Bbl oil: 0 Mcf Gas: 1031 Bbl H2O: 19
Calculated 24 hour rate: Bbl oil: Mcf Gas: 1031 Bbl H2O: 19 GOR: 1
Test Method: FLOWING Casing PSI: 1800 Tubing PSI: 1050 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6554 Tbg setting date: 05/15/2010 Packer Depth: 0

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:

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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 Date: 6/9/2010 Email: RUTHANN.MORSS@ENCANA.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2555534	FORM 5A SUBMITTED
2555535	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)