

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

1665109

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: (303) 623-2300
Fax: (303) 623-2400

5. API Number 05-045-15477-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: 21-10(PK-21)
8. Location: QtrQtr: NESW Section: 21 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 07/14/2009 Date of First Production this formation: 08/27/2009
Perforations Top: 5334 Bottom: 7021 No. Holes: 162 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole: ☐
STAGES 01-06 TREATED WITH A TOTAL OF 41973 BBLs OF SLICKWATER AND 577200 LBS 20-40 SAND.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 08/28/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 852 Bbls H2O: 1050
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 852 Bbls H2O: 1050 GOR: 0
Test Method: FLOWING Casing PSI: 1125 Tubing PSI: 580 Choke Size: 24
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6265 Tbg setting date: 08/22/2009 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:

Comment:

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

Signed: Y Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST Date: 10/7/2009 Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	APPROVED AS PART OF OLD FORM 5A CLEANUP DOC #1665109	8/24/2011 11:06:47 AM

Total: 1 comment(s)