

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:

400200791

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: Judith Walter
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19121-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: 25-8 (PH25)
 8. Location: QtrQtr: SENE Section: 25 Township: 7S Range: 96W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 05/24/2011 Date of First Production this formation: 06/24/2011

Perforations Top: 4594 Bottom: 6285 No. Holes: 189 Hole size: 0.34

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

Stages 01-07 treated with a total of: 53737 bbls of Slickwater.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/01/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 842 Bbls H2O: 301

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 842 Bbls H2O: 301 GOR: 0

Test Method: Flowing Casing PSI: 1125 Tubing PSI: 750 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5712 Tbg setting date: 06/21/2011 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: _____

Comment:

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

Signed: _____ Print Name: Judith Walter

Title: Regulatory Analyst Date: 8/29/2011 Email judith.walter@encana.com

Attachment Check List

Att Doc Num	Name
400200791	FORM 5A SUBMITTED
400200793	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)