

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:

400201237

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 05-045-07867-00
6. County: GARFIELD
7. Well Name: S. PARACHUTE FEDERAL
Well Number: 28-31
8. Location: QtrQtr: NWSW Section: 28 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED
Treatment Date: 08/27/2011 Date of First Production this formation: 08/27/2003
Perforations Top: 6250 Bottom: 7114 No. Holes: 177 Hole size: 3
Provide a brief summary of the formation treatment: Open Hole: ☐
CBP SET AT 5280' AND TESTED TO 1500 PSI. 2 SX CEMENT ON TOP.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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:
WELL HAS BEEN TEMPORARILY ABANDONED TO ALLOW FOR DRILLING ADDITIONAL WELLS ON PAD.
Date formation Abandoned: 08/27/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____
Bridge Plug Depth: 5280 Sacks cement on top: 2

Comment:

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: 8/30/2011 Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name
400201237	FORM 5A SUBMITTED
400201244	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)