

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400230309

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: Marina Ayala  
Phone: (720) 876-5905  
Fax: (720) 876-6905

5. API Number 05-045-19892-00  
6. County: GARFIELD  
7. Well Name: Daybreak Federal  
Well Number: 19-6BB (PJ19)  
8. Location: QtrQtr: NWSE Section: 19 Township: 7S Range: 95W Meridian: 6  
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 10/26/2011 Date of First Production this formation: 11/11/2011  
Perforations Top: 4138 Bottom: 6087 No. Holes: 216 Hole size: 0.34

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

Stages 1-8 treated with a total of: 74,314 bbls of Slickwater.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/05/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 846 Bbls H2O: 407  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 846 Bbls H2O: 407 GOR: 0  
Test Method: Flowing Casing PSI: 1300 Tubing PSI: 950 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5441 Tbg setting date: 12/03/2011 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: Marina Ayala

Title: Permitting Technician Date: Email marina.ayala@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400230312	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)