

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:  
400241710

## 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: Erin Hochstetler  
Phone: (720) 876-5827  
Fax: \_\_\_\_\_

5. API Number 05-045-19898-00  
6. County: GARFIELD  
7. Well Name: Daybreak Federal Well Number: 19-8D (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: 11/19/2011 Date of First Production this formation: 12/20/2011  
Perforations Top: 4558 Bottom: 6553 No. Holes: 216 Hole size: 0.34  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Stages 01-08 treated with a total of: 78358 bbls of Slickwater.  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 12/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1452 Bbls H2O: 242  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1452 Bbls H2O: 242 GOR: 0  
Test Method: Flowing Casing PSI: 1200 Tubing PSI: 750 Choke Size: 28  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0  
Tubing Size: 2.375 Tubing Setting Depth: 5867 Tbg setting date: 12/19/2011 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:  
Please find attached the Wellbore Diagram.

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

Signed: \_\_\_\_\_ Print Name: Erin Hochstetler  
Title: Permitting Technician Date: \_\_\_\_\_ Email: erin.hochstetler@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
400241715	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)