

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:

400245678

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 05-045-10883-00  
6. County: GARFIELD  
7. Well Name: FEDERAL  
Well Number: 30-4BB (PD30)  
8. Location: QtrQtr: NWNW Section: 30 Township: 7S Range: 95W Meridian: 6  
9. Field Name: PARACHUTE Field Code: 67350

**Completed Interval**

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/04/2011</u>	Date of First Production this formation: <u>12/06/2009</u>
Perforations Top: <u>4594</u> Bottom: <u>4855</u>	No. Holes: <u>27</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>STAGE 7 TREATED WITH A TOTAL OF 12811 BBLs SLICKWATER</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/21/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>292</u> Bbls H2O: <u>3</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>292</u> Bbls H2O: <u>3</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>640</u> Tubing PSI: <u>250</u> Choke Size: <u>30/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5835</u> Tbg setting date: <u>12/20/2011</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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: 1/26/2012 Email: RUTHANN.MORSS@ENCANA.COM

### Attachment Check List

Att Doc Num	Name
400245678	FORM 5A SUBMITTED
400245681	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)