

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:

400248332

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: RUTHANN MORSS  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5060  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6060  
City: DENVER State: CO Zip: 80202-

5. API Number 05-045-10884-00 6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: 30-4(PD30)  
8. Location: QtrQtr: NWNW Section: 30 Township: 7S Range: 95W Meridian: 6  
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 10/22/2009 Date of First Production this formation: 12/30/2005  
Perforations Top: 4953 Bottom: 6264 No. Holes: 94 Hole size: 41/100

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

WELL WAS TEMPORARY ABANDONED TO DRILL ADDITIONAL WELLS.

CBP DRILLED OUT AT 4870'

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: 2 + 3/8 Tubing Setting Depth: 5840 Tbg setting date: 10/28/2009 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: RUTHANN MORSS

Title: REGULATORY ANALYST Date: 2/2/2012 Email RUTHANN.MORSS@ENCANA.COM

### Attachment Check List

Att Doc Num	Name
400248332	FORM 5A SUBMITTED
400248357	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)