

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:

400254586

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: Marina Ayala

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5905

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6905

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20780-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: 29-4 (PA-30)

8. Location: QtrQtr: NENE Section: 30 Township: 7S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK

Status: PRODUCING

Treatment Date: 12/07/2011

Date of First Production this formation: 02/09/2012

Perforations	Top:	5000	Bottom:	6921	No. Holes:	189	Hole size:	0.34
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Provide a brief summary of the formation treatment:

Open Hole: ☐

Stages 1-7 Treated with a total of: 120,683 bbls of Slickwater.

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

Test Information:

Date:	02/13/2012	Hours:	24	Bbbs oil:	0	Mcf Gas:	261	Bbbs H2O:	912
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	261	Bbls H2O:	912	GOR:	0
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Test Method: Flowing	Casing PSI: 1750	Tubing PSI: 350	Choke Size: 24/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1170	API Gravity Oil:	0
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 6349 Tbg setting date: 01/04/2012 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:

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: 2/23/2012 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400254586	FORM 5A SUBMITTED
400254588	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)