

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:

400259291

Date Received:

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 05-045-20786-00 6. County: GARFIELD  
7. Well Name: Federal Well Number: 29-4A (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: 12/08/2011 Date of First Production this formation: 02/21/2012  
Perforations Top: 3450 Bottom: 6369 No. Holes: 187 Hole size: 0.34  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Stages 1-7 treated with a total of: 81,382 bbls of Slickwater.

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

**Test Information:**

Date: 02/28/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 20  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 20 GOR: 0  
Test Method: Flowing Casing PSI: 320 Tubing PSI: 760 Choke Size: 32/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5767 Tbg setting date: 01/20/2012 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: \_\_\_\_\_ Email: marina.ayala@encana.com

### Attachment Check List

Att Doc Num	Name
400259293	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)