

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400279833

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

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 05-045-10753-00

7. Well Name: FEDERAL

6. County: GARFIELD

Well Number: 29-3 (PF29)

8. Location: QtrQtr: SENW

Section: 29

Township: 7S

Range: 95W

Meridian: 6

9. Field Name: PARACHUTE

Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK

Status: TEMPORARILY ABANDONED

Treatment Date: 04/10/2012

Date of First Production this formation: 11/02/2005

Perforations Top: 5015

Bottom: 6812

No. Holes: 110

Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

CBP SET AT 4910', TESTED TO 1500 PSI

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: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

DRILLING ADDITIONAL WELLS ON PAD

Date formation Abandoned: 04/10/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 4910 Sacks cement on top: 2

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: \_\_\_\_\_

Email: RUTHANN.MORSS@ENCANA.COM

### Attachment Check List

Att Doc Num	Name
400279834	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)