

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400503504

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: Kelly Hamden Phone: (720) 876-5185 Fax: (720) 876-6185

5. API Number 05-045-21334-00 6. County: GARFIELD 7. Well Name: Federal 8. Location: QtrQtr: SENE Section: 21 Township: 7S Range: 95W Meridian: 6 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/07/2013 End Date: 10/17/2013 Date of First Production this formation: 10/20/2013

Perforations Top: 5308 Bottom: 7289 No. Holes: 189 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

Stage 1 - Stage 7 treated with a total of: 108,857 bbls of Slickwater (BWS).

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 108857 Max pressure during treatment (psi): 917

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: Min frac gradient (psi/ft): 0.67

Total acid used in treatment (bbl): Number of staged intervals: 7

Recycled water used in treatment (bbl): 108857 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/21/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 687 Bbl H2O: 1053

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 687 Bbl H2O: 1053 GOR: 0

Test Method: Flows from well Casing PSI: 1050 Tubing PSI: Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kelly Hamden

Title: Permitting Analyst Date: _____ Email: Kelly.Hamden@encana.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400503510	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)