

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

COMPLETED INTERVAL REPORT

Document Number:

2556268

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: HEATHER MITCHELL
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3070
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-15264-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: EF08A-28 A28B 5
 8. Location: QtrQtr: NENE Section: 28 Township: 5S Range: 95W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
 Treatment Date: 03/16/2010 Date of First Production this formation: 05/27/2010
 Perforations Top: 6321 Bottom: 9813 No. Holes: 360 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 STAGES 1-12 TREATED WITH A TOTAL OF: 179,447 BBLS OF SLICKWATER, 979,800 LBS OF 20-40 SAND, 255,333 LBS 30-50 SAND.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 662 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 662 Bbls H2O: 0 GOR: _____
 Test Method: FLOWING Casing PSI: 3010 Tubing PSI: 1175 Choke Size: 30/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8651 Tbg setting date: 05/25/2010 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: HEATHER MITCHELL
 Title: REGULATORY ANALYST Date: 6/25/2010 Email HEATHER.MITCHELL@ENCANA.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 10/4/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556268	FORM 5A SUBMITTED	LF@2512320 2556268
2556269	WELLBORE DIAGRAM	LF@2512321 2556269

Total Attach: 2 Files