

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:
1906504

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: 80202-56
4. Contact Name: MARINA AYALA
Phone: (720) 876-3663
Fax: (720) 876-4663

5. API Number 05-045-17651-00
6. County: GARFIELD
7. Well Name: N. Parachute
Well Number: EF09D-21 D27A 5
8. Location: QtrQtr: NWNW Section: 27 Township: 5S Range: 95W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/23/2010 Date of First Production this formation: 05/03/2010

Perforations Top: 6743 Bottom: 10307 No. Holes: 390 Hole size: 42/100

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

STAGES 1-13 TREATED WITH A TOTAL OF 174,387 BBLS OF SLICKWATER, 1,010,240 LBS 20-40 SAND, 195,932 LBS 30-50 SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2667 Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: FLOWING Casing PSI: 2774 Tubing PSI: 1298 Choke Size: 44/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8222 Tbg setting date: 04/30/2010 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: MARINA AYALA

Title: ENGINEERING TECHNICIAN Date: 6/22/2010 Email: MARINA.AYALA@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: 10/7/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1906504	FORM 5A SUBMITTED	LF@2511971 1906504
1906505	WELLBORE DIAGRAM	LF@2511972 1906505

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Surface CMT received- No longer on hold	10/7/2010 2:22:51 PM
Permit	ON HOLD- SEE FORM 5	10/4/2010 9:24:45 AM

Total: 2 comment(s)