

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:

2554424

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) 876-3663  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663  
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-17649-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: EF14A-22 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: 10/05/2009 Date of First Production this formation: 03/01/2010  
 Perforations Top: 6862 Bottom: 10384 No. Holes: 420 Hole size: 42/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 STAGES 1-14 TREATED WITH A TOTAL OF: 114,793 BBLs OF SLICKWATER, 53,700 LBS 20/40 OPTIPROP, 608,200 LBS 20-40 SAND, 100,200 LBS 30-50 SNAD  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 03/08/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 388 Bbls H2O: \_\_\_\_\_  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 388 Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 2962 Tubing PSI: 1229 Choke Size: 18/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 26/64 Tubing Setting Depth: 9160 Tbg setting date: 02/28/2010 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: 5/4/2010 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
2554424	FORM 5A SUBMITTED	LF@2495194 2554424
2554425	WELLBORE DIAGRAM	LF@2495195 2554425

Total Attach: 2 Files