

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
----	----	----	----

Document Number:

2555791

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 4. Contact Name: MISHA DAUGHERTY-DUPONT
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5422
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6801
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-15355-01 6. County: GARFIELD
7. Well Name: N. PARACHUTE Well Number: EF04A-29 I30 59
8. Location: QtrQtr: NESE Section: 30 Township: 5S Range: 95W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/12/2009</u>		Date of First Production this formation: <u>07/13/2009</u>	
Perforations	Top: <u>6976</u> Bottom: <u>10265</u>	No. Holes: <u>270</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
STAGES 1-9 TREATED WITH A TOTAL OF: 68,250 BBLS OF SLICKWATER, 320,000 LBS OF 20-40 SAND, 135,000 LBS 30-50 SAND.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>07/27/2009</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1697</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>1888</u>	Tubing PSI: <u>950</u>	Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>9117</u>	Tbg setting date: <u>07/03/2009</u>	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: MISHA DAUGHERTY-DUPONT
Title: OPERATIONS TECH Date: 6/15/2010 Email MISHA.DAUGHERTY-DUPONT@ENCANA.C

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: 10/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555791	FORM 5A SUBMITTED	LF@2507938 2555791
2555792	WELLBORE DIAGRAM	LF@2507939 2555792

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	TREATMENT DATE REQUESTED FROM OPERATOR.	10/8/2010 2:21:29 PM

Total: 1 comment(s)