

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:

2555791

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: WILLIAMS FORK Status: PRODUCING  
 Treatment Date: 07/12/2009 Date of First Production this formation: 07/13/2009  
 Perforations Top: 6976 Bottom: 10265 No. Holes: 270 Hole size: 42/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 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:  Yes  No  
**Test Information:**  
 Date: 07/27/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1697 Bbls H2O: 0  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 1888 Tubing PSI: 950 Choke Size: 32/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 9117 Tbg setting date: 07/03/2009 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: \_\_\_\_\_

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**

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

Total: 1 comment(s)