

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



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COMPLETED INTERVAL REPORT

Document Number:

2555852

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 05-045-17639-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: EF09C-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: _____ Date of First Production this formation: 05/03/2010
 Perforations Top: 6826 Bottom: 10421 No. Holes: 390 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
STAGES 1-3 TREATED WITH A TOTAL OF: 172,534 BBLs SLICKWATER, 995,333 LBS 20-40 SAND, 144,627 LBS 30-50 SAND.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1254 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1254 Bbls H2O: 0 GOR: 1
 Test Method: FLOWING Casing PSI: 1254 Tubing PSI: 2691 Choke Size: 32/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7353 Tbg setting date: 05/01/2010 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: MARINA AYALA
 Title: ENGINEERING TECH Date: 6/15/2010 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: 10/12/2010

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQUESTED OPERATOR CHECK REPORTED CASING/TUBING PRESSURE ON PRODUCTION TEST. SUSPECT THEY ARE TRANSPOSED.	10/12/2010 10:04:49 AM

Total: 1 comment(s)