

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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Document Number:

2555852

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: 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: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: <u>05/03/2010</u>
Perforations Top: <u>6826</u> Bottom: <u>10421</u>	No. Holes: <u>390</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>STAGES 1-3 TREATED WITH A TOTAL OF: 172,534 BBLs SLICKWATER, 995,333 LBS 20-40 SAND, 144,627 LBS 30-50 SAND.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/19/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1254</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>1254</u> Bbls H2O: <u>0</u> GOR: <u>1</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1254</u> Tubing PSI: <u>2691</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>7353</u> Tbg setting date: <u>05/01/2010</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: 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 G. 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)