

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:

2556259

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 05-045-15777-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: MF13C-31 C04 69
 8. Location: QtrQtr: NENW Section: 4 Township: 6S Range: 96W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
 Treatment Date: 09/30/2009 Date of First Production this formation: 01/06/2010
 Perforations Top: 6488 Bottom: 9147 No. Holes: 369 Hole size: 35
 Provide a brief summary of the formation treatment: _____ Open Hole:
 STAGES 1-15 TREATED WITH A TOTAL OF: 3337.8 BBLS OF CWS-600, 70,414.3 BBLS OF SLICKWATER, 1,300 LBS WHITE SAND, 2,000 LBS 100 SAND, 7,000 LBS 100 WHITE SAND, 1,000 LBS 100 MESH WHITE SAND, 203,8740 LBS 40/70 WHITE SAND, 9,6071 LBS 40/80 CARBOHYDROPROP.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 01/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1547 Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: FLOWING Casing PSI: 3150 Tubing PSI: 1584 Choke Size: 28/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8108 Tbg setting date: 01/01/2010 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: ENGINEER Date: 6/25/2010 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: 10/15/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556259	FORM 5A SUBMITTED	LF@2512329 2556259
2556260	WELLBORE DIAGRAM	LF@2512330 2556260

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	HOLD OFF	10/15/2010 11:00:03 AM
Permit	ON HOLD- SEE FORM 5	10/4/2010 2:46:12 PM

Total: 2 comment(s)