

**FORM  
5A**Rev  
02/08State 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:

2556259

**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 05-045-15777-00 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: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>09/30/2009</u>		Date of First Production this formation: <u>01/06/2010</u>		
Perforations	Top: <u>6488</u>	Bottom: <u>9147</u>	No. Holes: <u>369</u>	Hole size: <u>35</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>01/13/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1547</u>	Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>3150</u>	Tubing PSI: <u>1584</u>	Choke Size: <u>28/64</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>8108</u>	Tbg setting date: <u>01/01/2010</u>	Packer Depth: <u>0</u>	
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 AYALATitle: 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)