

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
----	----	----	----

Document Number:

2556997

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: HEATHER MITCHELL
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3070
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18086-00 6. County: GARFIELD
7. Well Name: N. PARACHUTE Well Number: EF03D-28 C28A 5
8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/11/2010</u>	Date of First Production this formation: <u>06/17/2010</u>
Perforations Top: <u>6140</u> Bottom: <u>9604</u>	No. Holes: <u>360</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
STAGES 1-12 TREATED WITH A TOTAL OF 107,079 BBLS OF SLICKWATER, 564,400 LBS 20-40 SAND, 16,1700 LBS 30-50 SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/27/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1898</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>189</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>2477</u> Tubing PSI: <u>1284</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>4536</u> Tbg setting date: <u>06/13/2010</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: HEATHER MITCHELL
Title: REGULATORY Date: 7/13/2010 Email HEATHER.MITCHELL@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: 10/25/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556997	FORM 5A SUBMITTED	LF @ 2518025 2556997

Total Attach: 1 Files