

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:
2556997

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

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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 05/11/2010 Date of First Production this formation: 06/17/2010

Perforations Top: 6140 Bottom: 9604 No. Holes: 360 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole:

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: Yes No

Test Information:

Date: 06/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1898 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 189 Bbls H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 2477 Tubing PSI: 1284 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4536 Tbg setting date: 06/13/2010 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: 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