

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:

2511697

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 05-045-15267-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: EF01C-28 A28B 5
 8. Location: QtrQtr: NENE Section: 28 Township: 5S Range: 95W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/16/2010 Date of First Production this formation: 05/27/2010

Perforations Top: 6217 Bottom: 9700 No. Holes: 420 Hole size: 42/100

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

STAGES 1-14 TREATED WITH A TOTAL OF: 180,349 BBLs OF SLICKWATER, 1,008,450 LBS 20-40 SAND, 237,367 LBS 30/50 WHITE SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/01/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1616 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1616 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2582 Tubing PSI: 1220 Choke Size: 32/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8594 Tbg setting date: 05/24/2010 Packer Depth: _____

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: ENGINEERING TECHNICIAN Date: 8/9/2010 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: 11/23/2010

Attachment Check List

Att Doc Num	Name
2511697	FORM 5A SUBMITTED
2511698	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)