

**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:

2512432

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) 8763663
3. Address: 370 17TH ST STE 1700 Fax: (720) 8764663
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18078-00 6. County: GARFIELD
7. Well Name: N. PARACHUTE Well Number: EF05C-28 C28A 5
8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/12/2010</u>	Date of First Production this formation: <u>08/11/2010</u>
Perforations Top: <u>6188</u> Bottom: <u>9622</u>	No. Holes: <u>390</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
STAGES 1-3 TREATED WITH A TOTAL OF 114,907 BBLs OF SLICKWATER, 669,800 BLS 20-40 SAND, 111,596 LBS 30-50 SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/18/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1242</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1242</u> Bbls H2O: <u>0</u> GOR: <u></u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>2104</u> Tubing PSI: <u>957</u> Choke Size: <u>32/100</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8250</u> Tbg setting date: <u>08/07/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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: 8/25/2010 Email MARINA.AYAL@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: 12/16/2010

Attachment Check List

Att Doc Num	Name
2512432	FORM 5A SUBMITTED
2512433	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)