

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:
2512437

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 05-045-18921-00
6. County: GARFIELD
7. Well Name: N. Parachute
Well Number: WF16D-21 K22 59
8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 06/18/2010 Date of First Production this formation: 07/18/2010
Perforations Top: 6038 Bottom: 9461 No. Holes: 390 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole:
STAGES 1-13 TREATED WITH A TOTAL OF: 109,497 BLS OF SLICKWATER, 592,520 LBS 20-40 SAND, 148,420 LBS 30-50 SAND.
This formation is commingled with another formation: Yes No
Test Information:
Date: 07/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1882 Bbls H2O: 1790
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1882 Bbls H2O: 1790 GOR:
Test Method: FLOWING Casing PSI: 2349 Tubing PSI: 1259 Choke Size: 32
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8079 Tbg setting date: 07/09/2010 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: HEATHER MITCHELL
Title: REGULATORY Date: 8/25/2010 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: 1/5/2011

Attachment Check List

Att Doc Num	Name
2512437	FORM 5A SUBMITTED
2512438	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	On Hold. Requested verification of Williams Fork top in relation to top perf. dhs En Cana now identifies top of Williams Fork to be 5930, which now puts top perf in the Williams Fork. OK dhs	1/5/2011 7:05:36 AM

Total: 1 comment(s)