

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:

1637941

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: (303) 623-2300
 3. Address: 370 17TH ST STE 1700 Fax: (303) 623-2400
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-17644-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: EF11C-22 D27A 5
 8. Location: QtrQtr: NWNW Section: 27 Township: 5S Range: 95W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
 Treatment Date: _____ Date of First Production this formation: 03/01/2010
 Perforations Top: 7102 Bottom: 10589 No. Holes: 450 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:
 STAGES 1-15 TREATED WITH A TOTAL OF: 133310 BBLs OF SLICKWATER, 766000 LBS 20-40 SAND, 135500 LBS OF 30-50 SAND.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2209 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2209 Bbls H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 2320 Tubing PSI: 1192 Choke Size: _____
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
 Tubing Size: 2.375 Tubing Setting Depth: 9163 Tbg setting date: 02/25/2010 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: REG ANALYST Date: 4/19/2010 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: 6/21/2010

Attachment Check List

Att Doc Num	Name
1637940	WELLBORE DIAGRAM
1637941	COMPLETED INTERVAL REPORT
400072087	FORM 5A SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)