

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:

400124713

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: Judith Walter
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-15557-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: EF05D-20 C29 59
 8. Location: QtrQtr: NENW Section: 29 Township: 5S Range: 95W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
 Treatment Date: 11/03/2010 Date of First Production this formation: 05/08/2009
 Perforations Top: 9442 Bottom: 11561 No. Holes: 165 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
 Stages 01-06 treated with a total of: 34769 bbls of Slickwater, 77000 lbs 20-40 Sand, 72180 lbs 30-50 Sand, 6000 lbs 40-70 Sand, 41000 lbs 40-80 HydroProp, 36000 lbs 40-80 Sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/15/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1095 Bbls H2O: 822
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1095 Bbls H2O: 822 GOR: _____
 Test Method: Flowing Casing PSI: 3151 Tubing PSI: 1744 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 10621 Tbg setting date: 11/11/2010 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: Judith Walter
 Title: Regulatory Analyst Date: _____ Email judith.walter@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: _____ Director of COGCC Date: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400124722	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)