

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:

400124813

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 05-045-15552-00 6. County: GARFIELD  
 7. Well Name: N. PARACHUTE Well Number: EF12B-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: 11/02/2010 Date of First Production this formation: 06/01/2010  
 Perforations Top: 7732 Bottom: 10973 No. Holes: 282 Hole size: 0.42  
 Provide a brief summary of the formation treatment: Open Hole:   
Stages 01-09, 9 Re-perf treated with a total of: 54944 bbls of Slickwater, 360700 lbs 40-70 Sand.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 11/23/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 951 Bbls H2O: 814  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 951 Bbls H2O: 814 GOR: \_\_\_\_\_  
 Test Method: Flowing Casing PSI: 1607 Tubing PSI: 528 Choke Size: 32/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 9664 Tbg setting date: 11/12/2010 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**

Att Doc Num	Name
400124815	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)