

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



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Document Number:

400125245

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: Heather Mitchell
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3070
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-15491-00 6. County: GARFIELD
7. Well Name: N.PARACHUTE Well Number: EF07C-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: 06/19/2010 Date of First Production this formation: 10/22/2010
Perforations Top: 10053 Bottom: 11879 No. Holes: 180 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 01/06/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 853 Bbls H2O: 106
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 853 Bbls H2O: 106 GOR: _____
Test Method: FLOWING Casing PSI: 3696 Tubing PSI: 1249 Choke Size: 30/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 11136 Tbg setting date: 12/31/2010 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 have attached the final form 5 that was submitted on 9/22/2009.

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 Analyst Date: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400125248	WELLBORE DIAGRAM
400125249	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)