

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:

2071220

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) 8763070
 3. Address: 370 17TH ST STE 1700 Fax: (720) 8764070
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18904-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: WF12C-22 K22 59
 8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
 Treatment Date: 07/30/2010 Date of First Production this formation: 08/30/2010
 Perforations Top: 5234 Bottom: 8684 No. Holes: 510 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 STAGES 1-17 TREATED WITH A TOTAL OF 123,786 BBLS OF SLICKWATER. 140,000LBS 20-40 SAND, 30,000 LBS 30-50 SAND
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/08/2010 Hours: 24 Bbls oil: _____ Mcf Gas: 778 Bbls H2O: 2210
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: 778 Bbls H2O: 2210 GOR: 0
 Test Method: FLOWING Casing PSI: 2371 Tubing PSI: 994 Choke Size: 32/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7305 Tbg setting date: 08/25/2010 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: REGULATORY ANALYST Date: 9/14/2010 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: 1/25/2011

Attachment Check List

Att Doc Num	Name
2071220	FORM 5A SUBMITTED
2071221	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Requested paper mud log and digital RST log. Changed top of WMFK to 5027 on doc # 2071218. Logs received. dhs	1/21/2011 2:15:17 PM

Total: 1 comment(s)