

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:

2517189

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 05-045-18887-00

6. County: GARFIELD

7. Well Name: N. Parachute

Well Number: WF15A-21 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: 08/06/2010 Date of First Production this formation: 08/30/2010

Perforations	Top:	6671	Bottom:	9891	No. Holes:	480	Hole size:	42/100
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Provide a brief summary of the formation treatment:

Open Hole:

STAGES 1-16 TREATED WITH A TOTAL OF: 107,887 BBLS OF SLICKWATER, 130,000 LBS 20-40 SAND, 30,000 LBS 30-50 SAND.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	09/09/2010	Hours:	24	Bbls oil:	Mcf Gas:	1849	Bbls H2O:	2700
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	1849	Bbls H2O:	2700	GOR:
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Test Method: FLOWING	Casing PSI: 2189	Tubing PSI: 635	Choke Size: 64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1170	API Gravity Oil:
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Tubing Size:	2 + 3/8	Tubing Setting Depth:	8606	Tbg setting date:	08/28/2010	Packer Depth:	0
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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: 9/16/2010 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
2517189	FORM 5A SUBMITTED
2517190	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)