

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:

2071326

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

5. API Number 05-045-18920-00
6. County: GARFIELD
7. Well Name: N. Parachute Well Number: WF16C-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: 07/30/2010 Date of First Production this formation: 08/30/2010

Perforations Top: 5960 Bottom: 9297 No. Holes: 540 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole:

STAGES 1-18 TREATED WITH A TOTAL OF: 119,532 BBLs OF SLICKWATER, 150,000 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: 1374 Bbls H2O: 1990

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: 1374 Bbls H2O: 1990 GOR: _____

Test Method: _____ Casing PSI: 2439 Tubing PSI: 1199 Choke Size: 32

Gas Disposition: _____ Gas Type: _____ BTU Gas: 1170 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7957 Tbg setting date: 08/26/2010 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: 9/16/2010 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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)