

FORM  
5  
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

DRILLING COMPLETION REPORT

Document Number:  
400128766

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary 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 05-045-17588-00  
6. County: GARFIELD  
7. Well Name: N. Parachute Well Number: EF15B-21 C28 59  
8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6  
Footage at surface: Distance: 1205 feet Direction: FNL Distance: 2302 feet Direction: FWL  
As Drilled Latitude: 39.588738 As Drilled Longitude: -108.060493

GPS Data:

Data of Measurement: 02/15/2010 PDOP Reading: 0.7 GPS Instrument Operator's Name: Ben Johnson

\*\* If directional footage

at Top of Prod. Zone Distance: 720 feet Direction: FSL Distance: 1627 feet Direction: FEL  
Sec: 21 Twp: 5S Rng: 95W  
at Bottom Hole Distance: 723 feet Direction: FSL Distance: 1642 feet Direction: FEL  
Sec: 21 Twp: 5S Rng: 95W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/19/2010 13. Date TD: 06/03/2010 14. Date Casing Set or D&A: 06/02/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9917 TVD 9412 17 Plug Back Total Depth MD 9869 TVD 9265

18. Elevations GR 6175 KB 6197

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

RST, CBL & Mud

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft     | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-----------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR   | 26           | 16             | Line Pipe | 0             | 146           |           | 0       | 146     | CALC   |
| SURF        | 12+1/4       | 9+5/8          | 36        | 0             | 1,743         | 383       | 0       | 1,758   | CALC   |
| 3RD         | 8+3/4        | 4+1/2          | 12        | 0             | 9,894         | 1,422     | 1,956   | 9,917   | CBL    |

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             |        |                                   |               |            |               |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
|                | Top            | Bottom | DST                      | Cored                    |   |
| WILLIAMS FORK  | 6,411          | 9,917  | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

TOG: 6432  
CBL and RST are in same pds document

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 Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

| Att Doc Num | Name               |
|-------------|--------------------|
| 400128772   | LAS-MUD            |
| 400128773   | DIRECTIONAL SURVEY |
| 400128774   | CEMENT JOB SUMMARY |
| 400128775   | LAS-CEMENT BOND    |

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)