

FORM  
5Rev  
02/08State 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

Document Number:

2609283

## DRILLING COMPLETION REPORT

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 4. Contact Name: NICHOLAS RONAN  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (303) 623-2300  
3. Address: 370 17TH ST STE 1700 Fax: (303) 623-2400  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-16977-00 6. County: GARFIELD  
7. Well Name: N. PARACHUTE Well Number: EF14A D19B 595  
8. Location: QtrQtr: LOT 2 Section: 19 Township: 5S Range: 95W Meridian: 6  
Footage at surface: Distance: 817 feet Direction: FNL Distance: 1724 feet Direction: FWL  
As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

## GPS Data:

Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

## \*\* If directional footage

at Top of Prod. Zone Distance: 1163 feet Direction: FSL Distance: 2695 feet Direction: FWL  
Sec: 19 Twp: 5S Rng: 95W  
at Bottom Hole Distance: 1017 feet Direction: FSL Distance: 2679 feet Direction: FWL  
Sec: 19 Twp: 5S Rng: 95W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 11/18/2008 13. Date TD: 01/20/2009 14. Date Casing Set or D&A: 01/22/2009

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 10458 TVD 9384 17 Plug Back Total Depth MD 10415 TVD 934118. Elevations GR 6009 KB 6031

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:

CBL, MUD, RST

## 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		0	120	307	0	120	CALC
SURF	12+1/4	9+5/8		0	2,011	505	0	2,011	CALC
1ST	8+3/4	4+1/2		0	10,437	1,465	2,696	10,458	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	6,824	10,361	<input type="checkbox"/>	<input type="checkbox"/>	AS DRILLED LAT/LONG WILL BE MAILED IN A SUNDRY WHEN DATA IS AVAILABLE.
ROLLINS	10,361	10,458	<input type="checkbox"/>	<input type="checkbox"/>	

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y \_\_\_\_\_ Print Name: NICHOLAS RONAN

Title: ENGINEERING TECHNICIAN Date: 10/20/2009 Email: NICHOLAS.RONAN@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: *David S. Neslin* Director of COGCC Date: 2/2/2011

Attachment Check List

Att Doc Num	Name
2069956	DIRECTIONAL SURVEY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)