

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



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COMPLETED INTERVAL REPORT

Document Number:

400132923

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 05-045-15708-00 6. County: GARFIELD
 7. Well Name: N.PARACHUTE Well Number: EF10B-20 C29 59
 8. Location: QtrQtr: NENW Section: 29 Township: 5S Range: 95W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
 Treatment Date: 12/20/2010 Date of First Production this formation: 06/30/2009
 Perforations Top: 9267 Bottom: 11026 No. Holes: 180 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
Stages 01-6 treated with a total of: 48,815 bbls of Slickwater, 279,300 lbs 20-40 Sand, 57,000 lbs 30-50 Sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 01/09/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 1867 Bbls H2O: 318
 Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 1867 Bbls H2O: 318 GOR: _____
 Test Method: Flowing Casing PSI: 2849 Tubing PSI: 1095 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 10320 Tbg setting date: 12/30/2010 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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400132927 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)