

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



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DRILLING COMPLETION REPORT

Document Number:

400139882

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: Marina Ayala
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-17594-00 6. County: GARFIELD
7. Well Name: N. PARACHUTE Well Number: EF10D-28 C28595
8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6
Footage at surface: Distance: 1215 feet Direction: FNL Distance: 2296 feet Direction: FWL
As Drilled Latitude: 39.588713 As Drilled Longitude: -108.060515

GPS Data:

Data of Measurement: 02/15/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: Ben Johnson

** If directional footage

at Top of Prod. Zone Distance: 1564 feet Direction: FSL Distance: 1417 feet Direction: FEL
Sec: 28 Twp: 5S Rng: 95W
at Bottom Hole Distance: 1547 feet Direction: FSL Distance: 1416 feet Direction: FEL
Sec: 28 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) 03/15/2010 13. Date TD: 05/17/2010 14. Date Casing Set or D&A: 05/19/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10480 TVD 9668 17 Plug Back Total Depth MD 10434 TVD 9621

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:

CBL, RST and Mud Logs.

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	120	6	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,730	383	0	1,730	CALC
2ND	8+3/4	4+1/2	12	0	10,459	1,379	2,203	10,480	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	6,765	10,328	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,328	10,480	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

See attached Final Directional Survey and Surface Cement Report. In the attachment area, drop down description box is not working.

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

Signed: _____ Print Name: Marina Ayala

Title: Permitting Technician Date: _____ Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400139947	LAS-NEUTRON
400139956	
400139957	
400139966	LAS-MUD
400140208	LAS-CEMENT BOND

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)