

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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Document Number:

400141025

**COMPLETED INTERVAL REPORT**

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: 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 05-045-17595-00 6. County: GARFIELD  
7. Well Name: N. Parachute Well Number: EF10C-28 C28 59  
8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/09/2010</u>	Date of First Production this formation: <u>12/20/2010</u>
Perforations Top: <u>6550</u> Bottom: <u>9840</u>	No. Holes: <u>360</u> Hole size: <u>42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Stages 1-12 treated with a total of: 129,042 bbls of Slickwater</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/27/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>2186</u> Bbls H2O: <u>93</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>2186</u> Bbls H2O: <u>93</u> GOR: <u></u>
Test Method: <u>Flowing</u> Casing PSI: <u>3535</u> Tubing PSI: <u>816</u> Choke Size: <u>48/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2</u> Tubing Setting Depth: <u>8556</u> Tbg setting date: <u>12/16/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

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  
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### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400141045	Wellbore Diagram	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### General Comments

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

Total: 0 comment(s)