

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



DE ET OE ES

Document Number:

400142058

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: Judith Walter
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-16306-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: MF04C-9 D09A 69
 8. Location: QtrQtr: NWNW Section: 9 Township: 6S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
 Treatment Date: 03/04/2009 Date of First Production this formation: 04/22/2009
 Perforations Top: 4240 Bottom: 7498 No. Holes: 330 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:
Stages 01-11 treated with a total of: 79247 bbls of Slickwater, 413500 lbs 20-40 Sand, 113000 lbs 30-50 Sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/01/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1544 Bbls H2O: 82
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1544 Bbls H2O: 82 GOR: _____
 Test Method: Flowing Casing PSI: 1688 Tubing PSI: 1154 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6490 Tbg setting date: 04/20/2009 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: Judith Walter
 Title: Regulatory Analyst Date: _____ Email judith.walter@encana.com

Attachment Check List

Att Doc Num	Name
400142059	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)