

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400145560

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: 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 05-045-17598-00 6. County: GARFIELD
7. Well Name: N. Parachute Well Number: EF15A-28 C28 59
8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6
Footage at surface: Distance: 1218 feet Direction: FNL Distance: 2276 feet Direction: FWL
As Drilled Latitude: 39.588703 As Drilled Longitude: -108.060586

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 Dist.: 1288 feet. Direction: FSL Dist.: 1990 feet. Direction: FEL
Sec: 28 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1280 feet. Direction: FSL Dist.: 2001 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) 03/13/2010 13. Date TD: 05/07/2010 14. Date Casing Set or D&A: 05/07/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10467 TVD** 9651 17 Plug Back Total Depth MD 10425 TVD** 9609

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:

RST, CBL and Mud Log. LAS format
The RST and CBL are on one log noted as Neutron log.

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	36	0	118	160	0	120	CALC
SURF	12+1/4	9+3/8	36	0	1,726	383	0	1,726	CALC
1ST	8+3/4	4+1/2	11.6	0	10,450	1,458	2,549	10,476	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	6,722	10,302	<input type="checkbox"/>	<input type="checkbox"/>	Top of Gas @ 6804'
ROLLINS	10,303	10,467	<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: _____ Print Name: Judith Walter

Title: Regulatory Analyst Date: _____ Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400145573	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400145572	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400145576	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400145577	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)