

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:

400148886

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 05-045-17862-00 6. County: GARFIELD
7. Well Name: N.PARACHUTE Well Number: MF 18A-4 N04 69
8. Location: QtrQtr: NESW Section: 4 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 1828 feet Direction: FSL Distance: 2353 feet Direction: FWL
As Drilled Latitude: 39.551739 As Drilled Longitude: -108.124440

GPS Data:

Data of Measurement: 09/27/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1235 feet. Direction: FSL Dist.: 1916 feet. Direction: FEL
Sec: 4 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1194 feet. Direction: FSL Dist.: 1911 feet. Direction: FEL
Sec: 4 Twp: 6S Rng: 96W

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) 06/19/2009 13. Date TD: 07/30/2009 14. Date Casing Set or D&A: 07/31/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8410 TVD** 8218 17 Plug Back Total Depth MD 8381 TVD** 8189

18. Elevations GR 5886 KB 5888

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.

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	42	0	120	390	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,524	350	0	1,524	CALC
2ND	8+3/4	5+1/2	17	0	8,410	1,004	1,759	8,410	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	4,759	8,263	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,263	8,410	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Neutron file that was uploaded is the RST and CBL combined logs.

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	Document Name	attached ?	
<u>Attachment Checklist</u>			
400148911	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400148909	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>			
400148902	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400148903	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)