

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:

400148928

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

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  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 10/03/2009 Date of First Production this formation: 11/18/2009

Perforations Top: 4906 Bottom: 8228 No. Holes: 540 Hole size: 0.46

Provide a brief summary of the formation treatment: Open Hole:

Stages 1-12 treated with a total of: 103,763 bbls of Slickwater, 396,000 bls 20-40 Sand, 134,000 lbs 30-50 Sand.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 01/15/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1113 Bbls H2O: 339

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1113 Bbls H2O: 339 GOR: 0

Test Method: Flowing Casing PSI: 1081 Tubing PSI: 1084 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7858 Tbg setting date: 11/09/2009 Packer Depth: 6863

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: Marina Ayala

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

**Attachment Check List**

Att Doc Num	Name
400148936	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)