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:

400124713

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: Judith Walter
Phone: (720) 876-3702
Fax: (720) 876-4702

5. API Number 05-045-15557-00
6. County: GARFIELD
7. Well Name: N. PARACHUTE
Well Number: EF05D-20 C29 59
8. Location: QtrQtr: NENW Section: 29 Township: 5S Range: 95W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 11/03/2010 Date of First Production this formation: 05/08/2009

Perforations Top: 9442 Bottom: 11561 No. Holes: 165 Hole size: 0.42

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

Stages 01-06 treated with a total of: 34769 bbls of Slickwater, 77000 lbs 20-40 Sand, 72180 lbs 30-50 Sand, 6000 lbs 40-70 Sand, 41000 lbs 40-80 HydroProp, 36000 lbs 40-80 Sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 11/15/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1095 Bbls H2O: 822

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1095 Bbls H2O: 822 GOR:

Test Method: Flowing Casing PSI: 3151 Tubing PSI: 1744 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: 10621 Tbg setting date: 11/11/2010 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: 1/18/2011 Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Name
400124713	FORM 5A SUBMITTED
400124722	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)