

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  
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 05-045-16306-00  
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: 3/11/2011 Email judith.walter@encana.com

### Attachment Check List

Att Doc Num	Name
400142058	FORM 5A SUBMITTED
400142059	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)