

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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COMPLETED INTERVAL REPORT

Document Number:

400163678

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 05-045-15060-00
6. County: GARFIELD
7. Well Name: N. PARACHUTE
Well Number: EF15C-19 I30A 5
8. Location: QtrQtr: NESE Section: 30 Township: 5S Range: 95W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 02/18/2008 Date of First Production this formation: 03/20/2008

Perforations Top: 7150 Bottom: 10535 No. Holes: 330 Hole size: 0.42

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

Stages 1-11 treated with a total of: 30,995 bbls of Slickwater, 666,570 lbs 20-40 Sand, 385,000 lbs 30-50 Sand. No HCL used.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/27/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 1453 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1453 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1300 Tubing PSI: 1000 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8818 Tbg setting date: 03/18/2008 Packer Depth: 0

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400163695 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)