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: 400170738

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-
4. Contact Name: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-4905

5. API Number 05-045-14991-00
6. County: GARFIELD
7. Well Name: N. Parachute
Well Number: MF15A E09 696
8. Location: QtrQtr: SWNW 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: 03/25/2011 Date of First Production this formation: 04/28/2011

Perforations Top: 5723 Bottom: 9022 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 : 196,314 bbls of Slickwater.

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

Test Information:

Date: 05/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2039 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2039 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2095 Tubing PSI: 684 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: 7895 Tbg setting date: 04/25/2011 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: 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
400170742	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)