

**FORM**  
**5**  
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:  
400128766

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 100185 4. Contact Name: Heather Mitchell  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3070  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070  
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-17588-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: EF15B-21 C28 59  
 8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6  
 Footage at surface: Distance: 1205 feet Direction: FNL Distance: 2295 feet Direction: FWL  
 As Drilled Latitude: 39.588738 As Drilled Longitude: -108.060493

GPS Data:  
 Data of Measurement: 02/15/2010 PDOP Reading: 0.7 GPS Instrument Operator's Name: Ben Johnson

\*\* If directional footage at Top of Prod. Zone Dist.: 720 feet. Direction: FSL Dist.: 1627 feet. Direction: FEL  
 Sec: 21 Twp: 5S Rng: 95W  
 \*\* If directional footage at Bottom Hole Dist.: 723 feet. Direction: FSL Dist.: 1642 feet. Direction: FEL  
 Sec: 21 Twp: 5S Rng: 95W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 03/19/2010 13. Date TD: 06/03/2010 14. Date Casing Set or D&A: 06/02/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9917 TVD\*\* 9412 17 Plug Back Total Depth MD 9869 TVD\*\* 9265

18. Elevations GR 6175 KB 6197 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
RST, CBL & Mud

20. Casing, Liner and Cement:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	Line Pipe	0	146		0	146	CALC
SURF	12+1/4	9+5/8	36	0	1,743	383	0	1,758	CALC
3RD	8+3/4	4+1/2	12	0	9,894	1,422	1,900	9,917	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	6,411	9,917	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

TOG: 6432  
CBL and RST are in same pds document

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Heather Mitchell

Title: Regulatory Analyst Date: 1/28/2011 Email: heather.mitchell@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400128774	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400128773	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400128766	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400128772	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400128775	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)