

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:
400151448

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: Marina Ayala
Phone: (720) 876-3663
Fax: (720) 876-4663

5. API Number 05-045-18892-00
6. County: GARFIELD
7. Well Name: N. Parachute
Well Number: WF13C-22 K22 59
8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 01/28/2010 Date of First Production this formation: 02/09/2011
Perforations Top: 5836 Bottom: 9094 No. Holes: 390 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:
Stages 1-13 treated with a total of: 123,267 bbls of Slickwater, 831,700 lbs 20-40 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/16/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1480 Bbls H2O: 98
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1480 Bbls H2O: 98 GOR: 0
Test Method: Flowing Casing PSI: 2312 Tubing PSI: 878 Choke Size: 42/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7818 Tbg setting date: 01/29/2011 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: 4/8/2011 Email marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400151448	FORM 5A SUBMITTED
400151451	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)