


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		DE ET OE ES
DRILLING COMPLETION REPORT			Document Number: 2591088
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>100185</u>		4. Contact Name: <u>HEATHER MITCHELL</u>	
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>		Phone: <u>(720) 876-3070</u>	
3. Address: <u>370 17TH ST STE 1700</u>		Fax: <u>(720) 876-4070</u>	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202-56</u>	
5. API Number <u>05-045-17599-00</u>		6. County: <u>GARFIELD</u>	
7. Well Name: <u>N. Parachute</u>		Well Number: <u>EF09C-28 C28 59</u>	
8. Location: QtrQtr: <u>NENW</u> Section: <u>28</u> Township: <u>5S</u> Range: <u>95W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>1205</u> feet Direction: <u>FNL</u> Distance: <u>2344</u> feet Direction: <u>FWL</u>			
As Drilled Latitude: <u>39.588741</u> As Drilled Longitude: <u>-108.060321</u>			
GPS Data: Date of Measurement: <u>02/15/2010</u> PDOP Reading: <u>1.4</u> GPS Instrument Operator's Name: <u>BEN JOHNSON</u>			
** If directional footage at Top of Prod. Zone Dist.: <u>1785</u> feet. Direction: <u>FSL</u> Dist.: <u>644</u> feet. Direction: <u>FEL</u>			
Sec: <u>28</u> Twp: <u>5S</u> Rng: <u>95W</u>			
** If directional footage at Bottom Hole Dist.: <u>1785</u> feet. Direction: <u>FSL</u> Dist.: <u>644</u> feet. Direction: <u>FEL</u>			
Sec: <u>28</u> Twp: <u>5S</u> Rng: <u>95W</u>			
9. Field Name: <u>GRAND VALLEY</u>		10. Field Number: <u>31290</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date: (when the 1st bit hit the dirt) <u>06/20/2010</u> 13. Date TD: <u>06/21/2010</u> 14. Date Casing Set or D&A: <u>06/21/2010</u>			
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation			
16. Total Depth MD <u>1795</u> TVD** <u>1663</u>		17 Plug Back Total Depth MD <u>1776</u> TVD** <u>1644</u>	
18. Elevations GR <u>6175</u> KB <u>6197</u>		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: <u>LOGS NOT RUN YET</u>			
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	24	16		0	120		0	120	
SURF	12+1/2	9+5/8		0	1,776	400	0	1,795	CALC

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THE SURFACE CASING FOR THIS WELL WAS PRESET DUE TO RIG AVAILABILITY. THE ANTICIPATED DATE FOR RESUMED DRILLING IS JANUARY 2011

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

Signed: _____ Print Name: HEATHER MITHCELL

Title: REGULATORY ANALYST Date: 11/11/2010 Email: HEATHER.MITCHELL@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2591090	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2591089	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2591088	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Preliminary Form 5, no CBL yet.	6/7/2011 2:39:17 PM
Permit	PARTIAL D/S TO 1725'	5/2/2011 9:10:44 AM

Total: 2 comment(s)