

**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:  
400142049

**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: Judith Walter  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702  
 3. Address: 370 17TH ST STE 1700 Fax: (303) 876-4702  
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-16306-00 6. County: GARFIELD  
 7. Well Name: N. PARACHUTE Well Number: MF04C-9 D09A 69  
 8. Location: QtrQtr: NWNW Section: 9 Township: 6S Range: 96W Meridian: 6  
 Footage at surface: Distance: 764 feet Direction: FNL Distance: 823 feet Direction: FWL  
 As Drilled Latitude: 39.544647 As Drilled Longitude: -108.118406

GPS Data:

Data of Measurement: 03/09/2011 PDOP Reading: 2.8 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 883 feet. Direction: FNL Dist.: 412 feet. Direction: FWL  
 Sec: 9 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 921 feet. Direction: FNL Dist.: 360 feet. Direction: FWL  
 Sec: 9 Twp: 6S Rng: 96W

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) 10/25/2008 13. Date TD: 01/13/2009 14. Date Casing Set or D&A: 01/13/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7640 TVD\*\* 7607 17 Plug Back Total Depth MD 7588 TVD\*\* 7555

18. Elevations GR 5652 KB 5674

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:

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	65	0	120	233	0	120	CALC
SURF	12+1/4	9+3/8	36	0	1,531	346	0	1,531	CALC
1ST	7+7/8	4+1/2	11.6	0	7,620	966	1,370	7,620	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	4,209	7,578	<input type="checkbox"/>	<input type="checkbox"/>	Top of Gas @ 4227'
ROLLINS	7,579	7,640	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Judith Walter

Title: Regulatory Analyst Date: 3/11/2011 Email: judith.walter@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400142054	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400142053	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>			
400142049	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142051	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400142052	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)

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