

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



Table with columns DE, ET, OE, ES

Document Number: 400186221

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
4. Contact Name: Marina Ayala
2. Name of Operator: ENCANA OIL & GAS (USA) INC
Phone: (720) 876-5905
3. Address: 370 17TH ST STE 1700
Fax: (720) 876-4905
City: DENVER State: CO Zip: 80202-

5. API Number 05-045-18890-00
6. County: GARFIELD
7. Well Name: N. PARACHUTE
Well Number: WF03A-27 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: 05/11/2011 Date of First Production this formation: 06/10/2011
Perforations Top: 5981 Bottom: 9231 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 182,496 bbls of Slickwater
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 06/17/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1610 Bbls H2O: 113
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1610 Bbls H2O: 113 GOR: 0
Test Method: Flowing Casing PSI: 2199 Tubing PSI: 689 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: 8117 Tbg setting date: 06/06/2011 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
400186228	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)