

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:
400140678

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: Marina Ayala
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-17595-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: EF10C-28 C28 59
 8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6
 Footage at surface: Distance: 1213 feet Direction: FNL Distance: 2297 feet Direction: FWL
 As Drilled Latitude: 39.588717 As Drilled Longitude: -108.060487

GPS Data:

Data of Measurement: 02/15/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: Ben Johnson

** If directional footage at Top of Prod. Zone Dist.: 1832 feet. Direction: FSL Dist.: 1985 feet. Direction: FEL
 Sec: 28 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1824 feet. Direction: FSL Dist.: 2003 feet. Direction: FEL
 Sec: 28 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) 03/21/2010 13. Date TD: 06/12/2010 14. Date Casing Set or D&A: 06/14/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9985 TVD** 9437 17 Plug Back Total Depth MD 9952 TVD** 9404

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:

CBL, RST, TRIPLE COMBO

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	42	0	120	6	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,754	383	0	1,754	CALC
2ND	8+3/4	4+1/2	12	0	9,977	1,482	2,455	9,985	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	6,487	9,985	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

RST and CBL are comined in file I sent.

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: 3/9/2011 Email: marin.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400141013	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400141011	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>			
400140678	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400141003	PDS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400141006	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400141008	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)