

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:  
400164416

### 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 05-045-15047-00  
6. County: GARFIELD  
7. Well Name: N. PARACHUTE  
Well Number: EF16A-30 I30A 5  
8. Location: QtrQtr: NESE Section: 30 Township: 5S Range: 95W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

### Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 02/19/2008 Date of First Production this formation: 03/20/2008

Perforations Top: 5636 Bottom: 9123 No. Holes: 300 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Stages 1-10 treated with a total of: 35,504 bbls of Slickwater, 768,261 lbs 20-40 Sand, 277,000 lbs 30-50 Sand.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 08/27/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 1171 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1171 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1277 Tubing PSI: 1148 Choke Size: 024/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7307 Tbg setting date: 03/17/2008 Packer Depth: 0

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: 5/12/2011 Email marina.ayala@encana.com

### Attachment Check List

Att Doc Num	Name
400164416	FORM 5A SUBMITTED
400164432	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)