

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



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Document Number:

400170560

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

5. API Number 05-045-18886-00 6. County: GARFIELD
7. Well Name: N.PARACHUTE Well Number: MF07D-9 E09 696
8. Location: QtrQtr: SWNW Section: 9 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/09/2011 Date of First Production this formation: 04/28/2011
Perforations Top: 5589 Bottom: 8901 No. Holes: 330 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐

Stages 01-11 treated with a total of: 206346 bbls of SLICKWATER, 1427402 lbs 100 Sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 05/06/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2502 Bbls H2O: 114
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2502 Bbls H2O: 114 GOR:
Test Method: Flowing Casing PSI: 2249 Tubing PSI: 756 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: 7799 Tbg setting date: 04/26/2011 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: Judith Walter

Title: Regulatory Analyst Date: 5/31/2011 Email judith.walter@encana.com

Attachment Check List

Att Doc Num	Name
400170560	FORM 5A SUBMITTED
400170561	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)