

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:
400173146

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) 876-5905
Fax: (720) 876-4905

5. API Number 05-045-18896-00
6. County: GARFIELD
7. Well Name: N. Parachute
Well Number: WF09B-21 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: 04/19/2011 Date of First Production this formation: 05/17/2011
Perforations Top: 5770 Bottom: 9084 No. Holes: 360 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:
Stages 1-12 treated with a total of: 116,992 bbls of Slickwater.
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1074 Bbls H2O: 115
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1074 Bbls H2O: 115 GOR: 0
Test Method: Flowing Casing PSI: 2308 Tubing PSI: 599 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: 7965 Tbg setting date: 05/13/2011 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: 6/8/2011 Email marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400173146	FORM 5A SUBMITTED
400173153	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)