

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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COMPLETED INTERVAL REPORT

Document Number:
400192554

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: <u>100185</u>	4. Contact Name: <u>Judith Walter</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3702</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4702</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-045-14367-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>N.PARACHUTE</u>	Well Number: <u>CP11A-06-E06 59</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>6</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u>	Field Code: <u>99999</u>

Completed Interval

FORMATION: COZZETTE-CORCORAN Status: SHUT IN

Treatment Date: 06/22/2009 Date of First Production this formation: _____

Perforations Top: 10452 Bottom: 10632 No. Holes: 72 Hole size: 0.37

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

2000 gal HCL - 7-1/2% inhibitor. 126,471 Bbls water was pumped into the formation. This formation never produced.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

ConocoPhillips Company's Operations shut down in the Piceance.

Date formation Abandoned: 06/28/2009 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 11410 Sacks cement on top: 4

FORMATION: SEGO Status: SHUT IN

Treatment Date: 05/23/2009 Date of First Production this formation: _____

Perforations Top: 10882 Bottom: 10905 No. Holes: 18 Hole size: 0.37

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

Pumped 76,544 bbls water into the Seggo formation. Perf gun got stuck during the perf job 10864'-10876'. This formation never produced.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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 Anayst Date: _____ Email judith.walter@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
400192564	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)