

**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:  
  
400207297

**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) 876-5905  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6905  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-18917-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: WF14B-22 K22 59  
 8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2172 feet Direction: FSL Distance: 1771 feet Direction: FWL  
 As Drilled Latitude: 39.599343 As Drilled Longitude: -108.158484

GPS Data:  
 Data of Measurement: 01/07/2010 PDOP Reading: 3.1 GPS Instrument Operator's Name: Ben Johnson

\*\* If directional footage  
 at Top of Prod. Zone Distance: 785 feet Direction: FSL Distance: 2483 feet Direction: FWL  
 Sec: 22 Twp: 5S Rng: 96W  
 at Bottom Hole Distance: 744 feet Direction: FSL Distance: 2453 feet Direction: FWL  
 Sec: 22 Twp: 5S Rng: 96W

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) 08/14/2010 13. Date TD: 10/01/2010 14. Date Casing Set or D&A: 10/03/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9165 TVD 8899 17 Plug Back Total Depth MD 9123 TVD 8857

18. Elevations GR 6527 KB 6549 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:  
Triple Combo, Pet and Mud.

20. Casing, Liner and Cement:

**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	160	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,723	1,046	0	1,723	CALC
1ST	8+3/4	4+1/5	12	0	9,151	1,291	1,549	9,165	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	5,562	9,022	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,022	9,165	<input type="checkbox"/>	<input type="checkbox"/>	

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: \_\_\_\_\_ Email: marina.ayala@encana.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400207301	PDF-MUD
400207303	LAS-TRIPLE COMBINATION
400207305	DIRECTIONAL SURVEY
400207306	CEMENT JOB SUMMARY

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)