

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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| DE | ET | OE | ES |
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Document Number:

400207442

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-  
4. Contact Name: Marina Ayala  
Phone: (720) 876-5905  
Fax: (720) 876-6905

5. API Number 05-045-18879-00  
6. County: GARFIELD  
7. Well Name: N. Parachute  
Well Number: WF14D-22 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: 06/23/2011   | Date of First Production this formation: 07/13/2011   |
| Perforations Top: 5871 Bottom: 9131  | No. Holes: 330 Hole size: 0.42  |
| Provide a brief summary of the formation treatment:  | Open Hole: <input type="checkbox"/>   |
| Stages 1-11 treated with a total of: 117,708 bbls of Slickwater.   |   |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Test Information:</b>   |   |
| Date: 07/20/2011 Hours: 24   | Bbls oil: 0 Mcf Gas: 1211 Bbls H2O: 117   |
| Calculated 24 hour rate:   | Bbls oil: 0 Mcf Gas: 1211 Bbls H2O: 117 GOR: 0  |
| Test Method: Flowing   | Casing PSI: 2201 Tubing PSI: 620 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: 8032 Tbg setting date: 07/11/2011 Packer Depth: 0                       |
| Reason for Non-Production:   |   |
| <div></div>  |   |
| Date formation Abandoned:  | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Email: marina.ayala@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             |
|-------------|------------------|
| 400207448   | WELLBORE DIAGRAM |

Total Attach: 1 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)