

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:

400211341

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 05-045-18914-00
6. County: GARFIELD
7. Well Name: N. Parachute Well Number: WF03B-27 K22 59
8. Location: QtrQtr: NESE 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: 07/07/2011 Date of First Production this formation: 07/29/2011
Perforations Top: 6066 Bottom: 9337 No. Holes: 330 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:
Stages 1-11 treated with a total of: 215,662 bbls of Slickwater.
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/05/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 991 Bbls H2O: 128
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 991 Bbls H2O: 128 GOR: 0
Test Method: Flowing Casing PSI: 2564 Tubing PSI: 745 Choke Size: 46/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9351 Tbg setting date: 07/27/2011 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: 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
400211347	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)