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Document Number:  
 400201728

**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) 876-4905  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-18872-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: WF10A-21 K22 59  
 8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2157 feet Direction: FSL Distance: 1688 feet Direction: FWL  
 As Drilled Latitude: 39.599304 As Drilled Longitude: -108.158777

GPS Data:  
 Date of Measurement: 01/07/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: Ben Johnson

\*\* If directional footage at Top of Prod. Zone Dist.: 2489 feet. Direction: FSL Dist.: 1930 feet. Direction: FEL  
 Sec: 21 Twp: 5S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 2476 feet. Direction: FSL Dist.: 2021 feet. Direction: FEL  
 Sec: 21 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) 06/10/2010 13. Date TD: 07/04/2010 14. Date Casing Set or D&A: 07/07/2010

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

16. Total Depth MD 10046 TVD\*\* 8681 17 Plug Back Total Depth MD 9995 TVD\*\* 8630

18. Elevations GR 6527 KB 6550 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 (Includes RST & CBL) amd 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	305	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,950	431	0	1,950	CALC
1ST	8+3/4	4+1/2	12	0	10,025	1,464	2,838	10,025	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	6,471	9,897	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,897	10,046	<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 AyalaTitle: Permitting Technician Date: 8/31/2011 Email: marina.ayala@encana.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072635	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400201741	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400201728	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400201733	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400201734	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CMT TKTS	3/8/2011 9:02:40 AM
Permit	REQ CMT TKTS TO REPLACE INCORRECT ONES.	3/8/2011 8:34:28 AM

Total: 2 comment(s)