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:

400205965

## 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 05-045-18888-00
6. County: GARFIELD
7. Well Name: N. Parachute
Well Number: WF13D-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: 02/21/2011 Date of First Production this formation: 03/09/2011

Perforations Top: 5789 Bottom: 9175 No. Holes: 360 Hole size: 0.42

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

States 1-12 treated with a total of: 214,851.1 bbls of Slickwater.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 03/17/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1184 Bbls H2O: 111

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1184 Bbls H2O: 111 GOR: 0

Test Method: Flowing Casing PSI: 2574 Tubing PSI: 637 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: 7922 Tbg setting date: 03/02/2011 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: 9/15/2011 Email: marina.ayala@encana.com

## Attachment Check List

| Att Doc Num | Name |
|---|---|
| 400205965 | FORM 5A SUBMITTED |
| 400205966 | WELLBORE DIAGRAM |

Total Attach: 2 Files

### General Comments

| User Group | Comment | Comment Date |
|---|---|---|
| | | |

Total: 0 comment(s)