

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



DE ET OE ES

Document Number:  
400216211

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: Heather Mitchell  
Phone: (720) 876-3070  
Fax: (720) 876-4070

5. API Number 05-045-18870-00  
6. County: GARFIELD  
7. Well Name: N. Parachute Well Number: WF15A-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: 07/25/2011 Date of First Production this formation: 08/13/2011  
Perforations Top: 5476 Bottom: 8900 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: 124,482 bbls of Slickwater.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 08/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1106 Bbls H2O: 94  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1106 Bbls H2O: 94 GOR:  
Test Method: FLOWING Casing PSI: 1988 Tubing PSI: 539 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: 7714 Tbg setting date: 08/10/2011 Packer Depth:  
Reason for Non-Production:  
Date formation Abandoned: Squeeze:  Yes  No If yes, number of sacks cmt  
Bridge Plug Depth: 9001 Sacks cement on top: 0

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
Signed: \_\_\_\_\_ Print Name: Heather Mitchell  
Title: Regulatory Analyst Date: \_\_\_\_\_ Email: heather.mitchell@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
400216212	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)