

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400216211

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 [X] 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: 10/19/2011 Email: heather.mitchell@encana.com

### Attachment Check List

Att Doc Num	Name
400216211	FORM 5A SUBMITTED
400216212	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)