

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: 400217633

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 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) 876-6905
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-11626-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: EF14B D28 595
 8. Location: QtrQtr: NWNW Section: 28 Township: 5S Range: 95W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 09/17/2007 Date of First Production this formation: 10/26/2007
 Perforations Top: 6504 Bottom: 10147 No. Holes: 294 Hole size: 0.43

Provide a brief summary of the formation treatment: _____ Open Hole:
 Squeeze perf 1 treated with a total of: 1,878 bbls of Slickwater, 71,826 lbs of 30-50 Sand. Stages 2-9 treated with a total of: 20,761 bbls of Slickwater, 541,966 lbs of 20-40 Sand, 185,124 lbs of 30-50 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/02/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 1033 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1033 Bbls H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 435 Tubing PSI: 242 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8764 Tbg setting date: 10/24/2007 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
400217635	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)