

FORM
5

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:

2111606

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
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: NICHOLAS RONAN
Phone: (720) 876-3838
Fax: (720) 876-4838

5. API Number 05-045-11644-00
6. County: GARFIELD
7. Well Name: N. PARACHUTE
Well Number: EF04D-32 L29 59
8. Location: QtrQtr: NWSW Section: 29 Township: 5S Range: 95W Meridian: 6
Footage at surface: Distance: 1945 feet Direction: FSL Distance: 466 feet Direction: FWL
As Drilled Latitude: 39.582881 As Drilled Longitude: -108.085736

GPS Data:

Data of Measurement: 06/08/2007 PDOP Reading: 2.6 GPS Instrument Operator's Name: ROBERT KAY

** If directional footage at Top of Prod. Zone Dist.: 866 feet. Direction: FNL Dist.: 1118 feet. Direction: FWL

Sec: 32 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1003 feet. Direction: FNL Dist.: 1055 feet. Direction: FWL

Sec: 32 Twp: 5S Rng: 95W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/30/2006 13. Date TD: 04/17/2006 14. Date Casing Set or D&A: 04/19/2006

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10266 TVD** 9366 17 Plug Back Total Depth MD 10183 TVD** 9283

18. Elevations GR 5981 KB 5998

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:

MUD, CBL

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	12+1/4	16	0	0	120	6	0	120	CALC
SURF	12+1/4	9+5/8	0	0	2,538	810	0	2,574	CALC
1ST	8+3/4	4+1/2	0	0	10,256	1,555	546	10,266	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	6,376	9,952	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,952	10,266	<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: NICHOLAS RONAN

Title: ENGINEERING TECHNICIAN Date: 7/24/2007 Email: NICHOLAS.RONAN@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2111607	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2111606	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	API #correct on paper logs (well name is truncated in COGCC system). Directional survey profiles rcd. NKP	10/3/2011 9:41:58 AM
Permit	Paper CBL and directional survey received 8/10/11. Well name indicated is EF04D-32 L29 595. Verifying API# with opr. NKP	8/10/2011 3:07:23 PM
Permit	No profiles on Directional Survey. Directional Survey not to TD. No logs, either paper or electronic. NKP	7/27/2011 2:12:10 PM

Total: 3 comment(s)