

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:

400207084

## 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 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 05-045-18898-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: WF06B-22 K22 59  
 8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2180 feet Direction: FSL Distance: 1769 feet Direction: FWL  
 As Drilled Latitude: 39.599364 As Drilled Longitude: -108.158491

### GPS Data:

Data of Measurement: 01/07/2010 PDOP Reading: 3.1 GPS Instrument Operator's Name: Ben Johnson

\*\* If directional footage at Top of Prod. Zone Dist.: 1789 feet. Direction: FNL Dist.: 2141 feet. Direction: FWL  
 Sec: 22 Twp: 5S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1788 feet. Direction: FNL Dist.: 2123 feet. Direction: FWL  
 Sec: 22 Twp: 5S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 08/15/2010 13. Date TD: 10/07/2010 14. Date Casing Set or D&A: 10/08/2010

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9120 TVD\*\* 8845 17 Plug Back Total Depth MD 9089 TVD\*\* 8814

18. Elevations GR 6527 KB 6549

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:

CBL, Triple Combo and Mud

### 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	20	16	42	0	120	160	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,697	555	0	1,697	CALC
1ST	7+7/8	4+1/2	12	0	9,110	1,291	2,300	9,120	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	5,489	9,008	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,008	9,120	<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: Marina Ayala

Title: Permitting Technician Date: 9/21/2011 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400207090	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400207089	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400207084	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400207086	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400207087	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)