

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:
400238792

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: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-6905

5. API Number 05-045-14532-00
6. County: GARFIELD
7. Well Name: N. PARACHUTE
Well Number: CP11A-05 A05 59
8. Location: QtrQtr: NENE Section: 5 Township: 5S Range: 96W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/16/2008 Date of First Production this formation: 05/06/2010

Perforations Top: 8327 Bottom: 11141 No. Holes: 306 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole:

Stages 1-8 treated with a total of: 57,284 bbls of Slickwater, 190,457 lbs 40-70 White Sand, 1,126,646 lbs 20-40 Sand and 150,352 lbs 100 Mesh.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1800 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1800 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1084 Tubing PSI: 699 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9778 Tbg setting date: 06/07/2008 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
400238801	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)