

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:

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 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 05-045-14532-00 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: GRAND VALLEY Field Code: 31290

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: 1/9/2012 Email marina.ayala@encana.com

### Attachment Check List

Att Doc Num	Name
400238792	FORM 5A SUBMITTED
400238801	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)