

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
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Document Number:

400241527

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) 876-5905  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19048-00 6. County: GARFIELD  
 7. Well Name: N. PARACHUTE Well Number: WF12B-26H26596  
 8. Location: QtrQtr: SENE Section: 26 Township: 5S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2472 feet Direction: FNL Distance: 732 feet Direction: FEL  
 As Drilled Latitude: 39.586605 As Drilled Longitude: -108.129958

GPS Data:  
Date of Measurement: 12/07/2011 PDOP Reading: 3.1 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 2150 feet. Direction: FSL Dist.: 1386 feet. Direction: FWL  
 Sec: 26 Twp: 5S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 2122 feet. Direction: FSL Dist.: 1270 feet. Direction: FWL  
 Sec: 26 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) 06/25/2011 13. Date TD: 07/08/2011 14. Date Casing Set or D&A: 07/10/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9736 TVD\*\* 8658 17 Plug Back Total Depth MD 9685 TVD\*\* 8607

18. Elevations GR 6091 KB 6114 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:  
RST, CBL and (included in 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	24	16	42	0	178	225	0	178	CALC
SURF	12+1/4	9+5/8	36	0	1,737	383	0	1,737	CALC
1ST	8+3/4	4+1/2	11.60	0	9,711	1,269	1,270	9,736	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	6,016	9,618	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,619	9,736	<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: 1/17/2012 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400241564	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072996	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>			
400241527	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400241539	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400241543	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	off hold. paper logs CBL/CBL/VDL/GR/CCL 2446979 RST/SM/GR/CCL 2446980 EDRL 2446981 in scanning	1/20/2012 8:55:40 AM
Permit	on hold pending receipt of paper logs.	1/17/2012 2:43:57 PM

Total: 2 comment(s)