

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:

400269996

Date Received:

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: Judith Walter  
Phone: (720) 876-3702  
Fax: (720) 876-4702

5. API Number 05-045-18693-00  
6. County: GARFIELD  
7. Well Name: N. Parachute  
Well Number: MF03B-16 H17 69  
8. Location: QtrQtr: SENE Section: 17 Township: 6S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK	Status: PRODUCING
Treatment Date: 08/08/2012	Date of First Production this formation: 09/13/2011
Perforations Top: 4450 Bottom: 7436	No. Holes: 390 Hole size: 0.42
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Stages 01-13 treated with a total of: 173068 bbls of Slickwater, 1195800 lbs 100 Sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 03/18/2012 Hours: 24	Bbls oil: 0 Mcf Gas: 1461 Bbls H2O: 198
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 1461 Bbls H2O: 198 GOR: 0
Test Method: Flowing	Casing PSI: 792 Tubing PSI: 461 Choke Size: 64/64
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8	Tubing Setting Depth: 6422 Tbg setting date: 03/07/2012 Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt	
Bridge Plug Depth: Sacks cement on top:	

Comment:

This report being filed as the tubing was landed on 3/7/12.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Judith Walter

Title: Regulatory Analyst Date: Email judith.walter@encana.com

### Attachment Check List

Att Doc Num	Name
400270001	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)