

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: [ ]
Stages 01-13 treated with a total of: 173068 bbls of Slickwater, 1195800 lbs 100 Sand.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
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: [ ] Yes [ ] 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**

<u>Att Doc Num</u>	<u>Name</u>
400270001	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)