

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:

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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 4. Contact Name: Judith Walter  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-18692-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: MF03C-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: 08/10/2011 Date of First Production this formation: 08/29/2011  
 Perforations Top: 4402 Bottom: 7636 No. Holes: 360 Hole size: 0.42  
 Provide a brief summary of the formation treatment: Open Hole:   
Stages 01-12 treated with a total of: 128955 bbls of Slickwater.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 03/13/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1395 Bbls H2O: 115  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1395 Bbls H2O: 115 GOR: 0  
 Test Method: Flowing Casing PSI: 762 Tubing PSI: 438 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: 7624 Tbg setting date: 03/09/2012 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:  
Landed tubing on 3/9/2012.

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
400270046	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)