

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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 05-045-18696-00
6. County: GARFIELD
7. Well Name: N. Parachute
Well Number: MF04A-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: 08/08/2011 Date of First Production this formation: 08/29/2011
Perforations Top: 4530 Bottom: 7689 No. Holes: 300 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: []
Stages 01-10 treated with a total of: 184,575 bbls of Slickwater.
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 03/15/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1170 Bbls H2O: 120
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1170 Bbls H2O: 120 GOR: 0
Test Method: Flowing Casing PSI: 742 Tubing PSI: 475 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: 7703 Tbg setting date: 03/08/2012 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: Tubing Landed on 3/8/2012.

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: 4/9/2012 Email: judith.walter@encana.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400270026	FORM 5A SUBMITTED
400270029	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	added tubing data per oper.'s email.	4/10/2012 1:11:28 PM

Total: 1 comment(s)