

FORM  
5Rev  
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

Document Number:

400270956

Date Received:

## 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: Erin Hochstetler

2. Name of Operator: ENCANA OIL &amp; GAS (USA) INC

Phone: (720) 876-5827

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-12682-00

6. County: GARFIELD

7. Well Name: N PARACHUTE

Well Number: WF01D-36A36A596

8. Location: QtrQtr: NENE Section: 36 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 370 feet Direction: FNL Distance: 8 feet Direction: FEL

As Drilled Latitude: 39.577892 As Drilled Longitude: -108.108653

## GPS Data:

Date of Measurement: 05/29/2007 PDOP Reading: 2.1 GPS Instrument Operator's Name: Greg Olsen

\*\* If directional footage at Top of Prod. Zone Dist.: 1147 feet. Direction: FNL Dist.: 726 feet. Direction: FEL

Sec: 36 Twp: 5S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1166 feet. Direction: FNL Dist.: 753 feet. Direction: FEL

Sec: 36 Twp: 5S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC44963

12. Spud Date: (when the 1st bit hit the dirt) 02/09/2007 13. Date TD: 02/25/2007 14. Date Casing Set or D&amp;A: 02/28/2007

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8955 TVD\*\* 8768 17 Plug Back Total Depth MD 8740 TVD\*\* 8553

18. Elevations GR 5789 KB 5803

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:

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	18	0	0	45	25	0	45	CALC
SURF	13+1/2	9+5/8	0	0	2,654	611	0	2,654	CALC
2ND	7+7/8	4+1/2	0	0	8,960	1,227	4,850	8,960	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	
GREELEY SAND	3,098	3,514	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	3,515	5,070	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,071	8,162	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,163	8,772	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,773	8,960	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This is an updated Form 5 as of 3/1/2012.

- 1) New perms from 5106' to 7043'
- 2) TOC changed per Encana Engineers evaluation
- 3) Formation tops changed per Encana Geologists evaluation
- 4) No tubing landed at this time

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

Signed: \_\_\_\_\_

Print Name: Erin Hochstetler

Title: Permitting Technician

Date:

Email: erin.hochstetler@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400270963	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)