

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400271351

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: Erin Hochstetler
Phone: (720) 876-5827
Fax:

5. API Number 05-045-15163-00
6. County: GARFIELD
7. Well Name: N.PARACHUTE
Well Number: CP02D-21 G21 59
8. Location: QtrQtr: SWNE Section: 21 Township: 5S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 01/18/2012 Date of First Production this formation:
Perforations Top: 6712 Bottom: 10082 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: 109850 bbls of Slickwater.
This formation is commingled with another formation: Yes No
Test Information:
Date: 03/20/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1068 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1068 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 625 Tubing PSI: 589 Choke Size: 64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2.375 Tubing Setting Depth: 9812 Tbg setting date: 03/13/2012 Packer Depth: 0
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 is a new form 5A in response to the original filed on 2/8/2012, document #400250273. Tubing was landed and new test information was taken.

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	Name
400271363	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)