

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400285900

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 05-045-13879-00
6. County: GARFIELD
7. Well Name: N PARACHUTE
Well Number: WF04C-31A36A596
8. Location: QtrQtr: NENE Section: 36 Township: 5S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 02/20/2012 Date of First Production this formation: 03/12/2012
Perforations Top: 5790 Bottom: 7145 No. Holes: 120 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐
Stages 1R, 2R, 3R, 4R treated with a total of: 30685 bbls of Slickwater.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 05/05/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 324 Bbls H2O: 11
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 324 Bbls H2O: 11 GOR: 0
Test Method: Flowing Casing PSI: 1424 Tubing PSI: 400 Choke Size: 32
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2.375 Tubing Setting Depth: 7128 Tbg setting date: 04/25/2012 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:

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
400285904	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)