

FORM
5

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



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| DE | ET | OE | ES |
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Document Number:

400287034

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 & GAS (USA) INC Phone: (720) 876-5827
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-14567-00 6. County: GARFIELD
 7. Well Name: N PARACHUTE Well Number: WF10A-25I25A596
 8. Location: QtrQtr: NESE Section: 25 Township: 5S Range: 96W Meridian: 6
 Footage at surface: Distance: 1827 feet Direction: FSL Distance: 611 feet Direction: FEL
 As Drilled Latitude: 39.583918 As Drilled Longitude: -108.110775

GPS Data:

Data of Measurement: 06/11/2009 PDOP Reading: 3.8 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 2528 feet. Direction: FSL Dist.: 2102 feet. Direction: FEL

Sec: 25 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2518 feet. Direction: FSL Dist.: 2114 feet. Direction: FEL

Sec: 25 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) 09/23/2007 13. Date TD: 09/23/2007 14. Date Casing Set or D&A: 10/14/2007

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9180 TVD** 8897 17 Plug Back Total Depth MD 9113 TVD** 8830

18. Elevations GR 5818 KB 5832 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:

No logs were 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 | 2,619 | 515 | 0 | 2,619 | CALC |
| 2ND | 7+7/8 | 4+1/2 | 0 | 0 | 9,162 | 900 | 4,942 | 9,162 | 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 | |
| FORT UNION | 3,859 | 5,338 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 5,339 | 8,403 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 8,404 | 9,073 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 9,074 | 9,180 | <input type="checkbox"/> | <input type="checkbox"/> | |

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 | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| | 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"/> |
| Other Attachments | | | |
| 400287045 | 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)