

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



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Document Number:

400287612

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 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 05-045-14572-00 6. County: GARFIELD
7. Well Name: N PARACHUTE Well Number: WF10C-25I25A596
8. Location: QtrQtr: NESE Section: 25 Township: 5S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/08/2012</u>	Date of First Production this formation: <u>05/04/2012</u>
Perforations Top: <u>5374</u> Bottom: <u>6061</u>	No. Holes: <u>60</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Stages 1R, 2R treated with a total of: 21628 bbls of Slickwater.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/13/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>551</u> Bbls H2O: <u>16</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>551</u> Bbls H2O: <u>16</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1100</u> Tubing PSI: <u>542</u> Choke Size: <u>22</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2.375</u> Tubing Setting Depth: <u>6104</u> Tbg setting date: <u>05/02/2012</u> Packer Depth: <u>0</u>	
Reason for Non-Production:	
<div></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Eri Hochstetler

Title: Permitting Technician Date: _____ Email: erin.hochstetler@encana.com

Attachment Check List

Att Doc Num	Name
400287615	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)