

FORM  
5Rev  
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:

400287699

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 05-045-14568-00

6. County: GARFIELD

7. Well Name: N PARACHUTE

Well Number: WF09B-25I25A596

8. Location: QtrQtr: NESE Section: 25 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 1803 feet Direction: FSL Distance: 593 feet Direction: FEL

As Drilled Latitude: 39.583854 As Drilled Longitude: -108.110711

## GPS Data:

Data of Measurement: 06/11/2009 PDOP Reading: 3.9 GPS Instrument Operator's Name: J. Kirkpatrick

\*\* If directional footage at Top of Prod. Zone Dist.: 2105 feet. Direction: FSL Dist.: 608 feet. Direction: FEL

Sec: 25 Twp: 5S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2072 feet. Direction: FSL Dist.: 623 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) 10/15/2007 13. Date TD: 11/01/2007 14. Date Casing Set or D&amp;A: 11/02/2007

## 15. Well Classification:

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

16. Total Depth MD 9003 TVD\*\* 8991 17 Plug Back Total Depth MD 8955 TVD\*\* 8943

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	2,490	366	0	2,490	CALC
1ST	7+7/8	4+1/2	0	0	8,989	925	4,240	8,989	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	3,687	5,157	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,158	8,215	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,216	8,878	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,879	9,003	<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 HochstetlerTitle: 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>					
400287702	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group      Comment      Comment Date**

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Total: 0 comment(s)