

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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Document Number:

400264365

Date Received:

03/23/2012

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: <u>100185</u>	4. Contact Name: <u>Marina Ayala</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5905</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6905</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-045-18704-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>N. Parachute</u>	Well Number: <u>MF06C-16 H17 69</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>17</u> Township: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1553</u> feet Direction: <u>FNL</u> Distance: <u>300</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.527399</u> As Drilled Longitude: <u>-108.123576</u>	

GPS Data:

Date of Measurement: 09/09/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1896 feet. Direction: FNL Dist.: 1217 feet. Direction: FWL
 Sec: 16 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1903 feet. Direction: FNL Dist.: 1168 feet. Direction: FWL
 Sec: 16 Twp: 6S Rng: 96W

9. Field Name: <u>GRAND VALLEY</u>	10. Field Number: <u>31290</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>02/07/2011</u>	13. Date TD: <u>02/27/2011</u>	14. Date Casing Set or D&A: <u>02/28/2011</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>7750</u> TVD** <u>7293</u>	17 Plug Back Total Depth MD <u>7684</u> TVD** <u>7227</u>
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18. Elevations GR <u>5654</u> KB <u>5676</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

RST, CBL (included in Triple Combo) and Mud.

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	26	16	42	0	182	200	0	182	CALC
SURF	12+1/4	9+5/8	36	0	1,340	365	0	1,340	CALC
1ST	8+3/4	4+1/2	11.60	0	7,730	1,109	1,328	7,750	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	
WILLIAMS FORK	4,372	7,613	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,614	7,750	<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: Marina Ayala

Title: Permitting Technician Date: 3/23/2012 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400264423	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400264421	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400264365	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264383	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264414	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264422	DIRECTIONAL DATA	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)