

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:

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: 100185

4. Contact Name: Marina Ayala

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5905

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6905

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-18704-00

6. County: GARFIELD

7. Well Name: N. Parachute

Well Number: MF06C-16 H17 69

8. Location: QtrQtr: SENE Section: 17 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1553 feet Direction: FNL Distance: 300 feet Direction: FEL

As Drilled Latitude: 39.527399 As Drilled Longitude: -108.123576

GPS Data:

Data 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: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number:

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

15. Well Classification:

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

16. Total Depth MD 7750 TVD** 7293 17 Plug Back Total Depth MD 7684 TVD** 7227

18. Elevations GR 5654 KB 5676

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:

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

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)