

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

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

5. API Number 05-045-20315-00
6. County: GARFIELD
7. Well Name: N. Parachute Well Number: EF08E-34 P27595
8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE

Treatment Date: 03/19/2012 End Date: 05/04/2012 Date of First Production this formation: 05/16/2012

Perforations Top: 10948 Bottom: 11464 No. Holes: 120 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

Stages 1,2A,2B,2C treated with a total of: 118,715 bbls of Slickwater

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 118715 Max pressure during treatment (psi): 6037

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: Number of staged intervals: 13

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 0.79

Recycled water used in treatment (bbl): 118715 Flowback volume recovered (bbl): 514544

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/23/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 4366 Bbl H2O: 333

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4366 Bbl H2O: 333 GOR: 0

Test Method: Flowing Casing PSI: 1463 Tubing PSI: Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE
 Treatment Date: 03/19/2012 End Date: 05/04/2012 Date of First Production this formation: 05/16/2012
 Perforations Top: 7026 Bottom: 10491 No. Holes: 540 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:

Stages 7-11, 3A,3B,4A,4B,5A,5B,6A,6B,8A,8B,12A,12B,13A,13B treated with a total of: 392,736.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 392736 Max pressure during treatment (psi): 6037
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.50
 Type of gas used in treatment: _____ Number of staged intervals: 13
 Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 0.79
 Recycled water used in treatment (bbl): 392736 Flowback volume recovered (bbl): 514544
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/23/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 4366 Bbl H2O: 333
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4366 Bbl H2O: 333 GOR: 0
 Test Method: Flowing Casing PSI: 1463 Tubing PSI: _____ Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____
 Tubing not landed on this well. Encana will land tubing in 2012, a new 5A will be submittted.

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: _____ Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Name
400295429	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)