

Document Number:  
400294455

Date Received:  
06/11/2012

**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 05-045-20282-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: EF08D-34 P27595  
 8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6  
 Footage at surface: Distance: 572 feet Direction: FSL Distance: 531 feet Direction: FEL  
 As Drilled Latitude: 39.579146 As Drilled Longitude: -108.033107

GPS Data:  
 Date of Measurement: 10/31/2011 PDOP Reading: 4.0 GPS Instrument Operator's Name: Ben Johnson

\*\* If directional footage at Top of Prod. Zone Dist.: 1926 feet. Direction: FNL Dist.: 654 feet. Direction: FEL  
 Sec: 34 Twp: 5S Rng: 95W  
 \*\* If directional footage at Bottom Hole Dist.: 1948 feet. Direction: FNL Dist.: 646 feet. Direction: FEL  
 Sec: 34 Twp: 5S Rng: 95W

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) 12/02/2011 13. Date TD: 12/19/2011 14. Date Casing Set or D&A: 12/20/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10634 TVD\*\* 10094 17 Plug Back Total Depth MD 10584 TVD\*\* 10044

18. Elevations GR 6650 KB 6672  
 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	120	284	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,822	434	0	1,850	CALC
1ST	8+3/4	4+1/2	11.6	0	10,609	1,433	2,776	10,634	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	6,840	10,459	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,460	10,634	<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: 6/11/2012 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400294475	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400294472	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"/>
<b><u>Other Attachments</u></b>			
400294459	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400294463	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400294473	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)