

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400326009

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 05-045-20284-00
6. County: GARFIELD
7. Well Name: N. Parachute
Well Number: EF01E-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 STIMULATION

Treatment Date: 06/07/2012 End Date: 06/27/2012 Date of First Production this formation: 08/06/2012

Perforations Top: 10740 Bottom: 11006 No. Holes: 30 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐

Stages 1, 1B treated with a total of: 58,581 bbls of Slickwater.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 58581 Max pressure during treatment (psi): 6694

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

Type of gas used in treatment: Max frac gradient (psi/ft): 0.84

Total acid used in treatment (bbl): 0 Number of staged intervals: 12

Recycled water used in treatment (bbl): 58581 Flowback volume recovered (bbl): 36730

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: 08/13/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 5339 Bbl H2O: 380

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 5339 Bbl H2O: 380 GOR: 0

Test Method: Flowing Casing PSI: 1327 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/07/2012 End Date: 06/27/2012 Date of First Production this formation: 08/06/2012

Perforations Top: 6614 Bottom: 10095 No. Holes: 330 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Stages 3-6, 9-11, 12A, 2A, 2B, 7A, 7B, 8A, 8B treated with a total of: 235,229 bbls of Slickwater.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 235229 Max pressure during treatment (psi): 6694

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

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.84

Total acid used in treatment (bbl): 0 Number of staged intervals: 12

Recycled water used in treatment (bbl): 235229 Flowback volume recovered (bbl): 36730

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: 08/13/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 5339 Bbl H2O: 380

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 5339 Bbl H2O: 380 GOR: 0

Test Method: Floiwing Casing PSI: 1327 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Tubing has not been landed on this well. Encana will land tubing in 2013, a new 5A will be submitted.

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
400326011	WELLBORE DIAGRAM
400326012	OTHER

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)