

FORM
5ARev
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



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Document Number:

400352588

Date Received:

11/30/2012

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 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 05-045-20295-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: EF16D-27 P27595
 8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 08/21/2012 End Date: 08/23/2012 Date of First Production this formation: 10/09/2012

Perforations Top: 6548 Bottom: 9859 No. Holes: 390 Hole size: 0.42

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

Stages 1-8 treated with a total of: 165,414 bbls of Slickwater.

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

Total fluid used in treatment (bbl): 165414

Max pressure during treatment (psi): 5941

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.50

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): 0

Number of staged intervals: 8

Recycled water used in treatment (bbl): 165414

Flowback volume recovered (bbl): 32290

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: 10/16/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1092 Bbl H2O: 675

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1092 Bbl H2O: 675 GOR: 0

Test Method: Flowing Casing PSI: 327 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. A new 5A will be submitted when tubing is landed.

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: 11/30/2012

Email: marina.ayala@encana.com

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Attachment Check List

Att Doc Num	Name
400352588	FORM 5A SUBMITTED
400352619	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)