

FORM
5
Rev
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



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Document Number:

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Date Received:

12/11/2008

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: MISHA DAUGHERTY-DUPONT
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (303) 623-2300
3. Address: 370 17TH ST STE 1700 Fax: (303) 623-2400
City: DENVER State: CO Zip: 80202-

5. API Number 05-045-15355-00 6. County: GARFIELD
7. Well Name: N. PARACHUTE Well Number: EF04A-29 I30 59
8. Location: QtrQtr: NESE Section: 30 Township: 5S Range: 95W Meridian: 6
Footage at surface: Distance: 1882 feet Direction: FSL Distance: 617 feet Direction: FEL
As Drilled Latitude: 39.582705 As Drilled Longitude: -108.089576

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 254 feet. Direction: FNL Dist.: 1 feet. Direction: FWL

Sec: 29 Twp: 5S Rng: 95W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/18/2008 13. Date TD: 11/22/2008 14. Date Casing Set or D&A: 11/27/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10435 TVD** 9349 17 Plug Back Total Depth MD 3765 TVD** 3224

18. Elevations GR 5984 KB 6006

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:

NONE

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	24	16		0	142	275	0	120	CALC
SURF	12+1/4	9+5/8		0	2,202	477	0	2,202	CALC
1ST	8+3/4	4+1/2		0	8,035	900	5,025	8,035	CALC

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	
			<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: Y _____ Print Name: MISHA DAUGHERTY-DUPONT

Title: OPERATIONS Date: 11/26/2008 Email: MISHA.DAUGHERTY-DUPONT@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)