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Document Number:  
 400375195

Date Received:

**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 05-045-20286-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: EF11F-27 P27595  
 8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6  
 Footage at surface: Distance: 707 feet Direction: FSL Distance: 593 feet Direction: FEL  
 As Drilled Latitude: 39.579514 As Drilled Longitude: -108.033327

GPS Data:  
 Date of Measurement: 04/21/2011 PDOP Reading: 3.9 GPS Instrument Operator's Name: Ben Johnson

\*\* If directional footage at Top of Prod. Zone Dist.: 1450 feet. Direction: FSL Dist.: 1956 feet. Direction: FWL  
 Sec: 27 Twp: 5S Rng: 95W  
 \*\* If directional footage at Bottom Hole Dist.: 1426 feet. Direction: FSL Dist.: 1998 feet. Direction: FWL  
 Sec: 27 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) 04/21/2012 13. Date TD: 07/09/2012 14. Date Casing Set or D&A: 07/10/2012

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

16. Total Depth MD 10825 TVD\*\* 10239 17 Plug Back Total Depth MD 10767 TVD\*\* 10180

18. Elevations GR 6650 KB 6673 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:  
 CBL 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	118	326	23	118	CALC
SURF	12+1/4	9+5/8	36	0	1,829	430	23	1,829	CALC
1ST	8+3/4	4+1/2	11.6	0	10,793	1,704	2,414	10,825	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	7,123	10,732	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,733	10,825	<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: \_\_\_\_\_ Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400375226	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400375224	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>			
400375214	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400375215	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400375225	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)