

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



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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: NICHOLAS RONAN
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3838
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6838
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-15552-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: EF12B-20 C29 59
 8. Location: QtrQtr: NENW Section: 29 Township: 5S Range: 95W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: _____

Treatment Date: 04/15/2009 End Date: _____ Date of First Production this formation: 06/01/2009

Perforations Top: 7732 Bottom: 10973 No. Holes: 282 Hole size: 42/100

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

STAGES 01-09, AND 9 RE-PERF TREATED WITH A TOTAL OF: 54944 BBLs OF SLICKWATER, 360700 LBS 40-70 SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/25/2009 Hours: 24 Bbl oil: _____ Mcf Gas: 80 Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 80 Bbl H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: 763 Tubing PSI: 145 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7681 Tbg setting date: 07/30/2009 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8180 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: NICHOLAS RONAN

Title: ENGINEERING TECHNICIAN Date: 1/20/2010 Email: 1/20/2010
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Attachment Check List

Att Doc Num	Name
2171582	FORM 5A SUBMITTED
2171583	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)