

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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Document Number:

400433349

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: Judith Walter

Phone: (720) 876-3702

Fax: (720) 876-4702

5. API Number 05-045-14544-00

7. Well Name: N. PARACHUTE

8. Location: QtrQtr: SENE Section: 4 Township: 5S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

6. County: GARFIELD

Well Number: CP12D-03 H04 59

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/09/2008 End Date: 05/20/2008 Date of First Production this formation: 06/11/2008

Perforations Top: 8178 Bottom: 11072 No. Holes: 237 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

48339 bbls slickwater, 151,222 lbs 100 Mesh, 202,300 lbs. 48/80 Hydroprop, 650,250 lbs 20/40 Jordan-Unimin, the original treatment start date was 6/8/2008 by the original operator ConocoPhillips Company, after review of the daily reports Encana found the treatment start date to be 5/09/2008.

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: TA well for drilling of additional wells on the pad, will be TA for ~2 years. On 5/14/2013 a RBP was set @ 8079' with 2 sacks of sand, no cement was applied to the well. Please see the attached wireline report from Ensign & current wellbore diagram.

Date formation Abandoned: 05/14/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8079 ** 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: Judith Walter

Title: Regulatory Analyst Date: _____ Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Name
400472506	WIRELINE JOB SUMMARY
400473365	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)