

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:
400497117

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: Judith Walter
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-17591-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: EF02C-28 C28 59
 8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6
 Footage at surface: Distance: 1200 feet Direction: FNL Distance: 2323 feet Direction: FWL
 As Drilled Latitude: 39.588755 As Drilled Longitude: -108.060374

GPS Data:
 Date of Measurement: 10/10/2013 PDOP Reading: 4.4 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FNL Dist.: 0 feet. Direction: FEL
 Sec: 28 Twp: 5S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 1111 feet. Direction: FNL Dist.: 2611 feet. Direction: FWL
 Sec: 28 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) 06/23/2010 13. Date TD: 06/24/2010 14. Date Casing Set or D&A: 06/24/2010

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

16. Total Depth MD 1822 TVD** 1783 17 Plug Back Total Depth MD 1802 TVD** 1763

18. Elevations GR 6174 KB 6197 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:
 No logs were run on this well.

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	Linepipe	0	120	6	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,802	400	0	1,802	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:

Surface casing for this well was preset due to Rig availability, they anticipated to resume drilling in 2011.
 11/11/2010 Preliminary Form 5 filed with the Directional plan and Surface cement report, there were no logs run on this well.
 Conductor Cement is estimated at 6 YDS+/-
 8/2013 Development team ok'd approval to plug and abandon this well with surface casing.
 The BHL footages were calculated from the final directional report attached of 1822', surface casing set @ 1802'.
 No Footages input for the Top of Production zone: does not apply to this well
 The plugging of this well is planned for the 2014 plugging season (2nd-3rd Qtr 2014)
 Encana requests continued Shut In status for this surface csg, this well has been shut in since 6/24/2010
 To insure that the well is closed to the atmosphere the surface casing is set with 11" 3M surface flange and top flange, this wells surface casing cap was inspected by Encana on 10/10/13.

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	Document Name	attached ?	
<u>Attachment Checklist</u>			
400497120	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400497118	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400497119	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)