

FORM
5Rev
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



DE ET OE ES

Document Number:

400436969

Date Received:

06/20/2013

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: Cristi Cota-Smith

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-3083

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4083

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20290-00

6. County: GARFIELD

7. Well Name: N. Parachute

Well Number: EF11D-27 P27595

8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6

Footage at surface: Distance: 732 feet Direction: FSL Distance: 604 feet Direction: FEL

As Drilled Latitude: 39.579584 As Drilled Longitude: -108.033368

GPS Data:

Data of Measurement: 11/25/2011 PDOP Reading: 3.9 GPS Instrument Operator's Name: Ben Johnson

** If directional footage at Top of Prod. Zone Dist.: 1866 feet. Direction: FSL Dist.: 2079 feet. Direction: FWL

Sec: 27 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1850 feet. Direction: FSL Dist.: 2044 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) 04/30/2012 13. Date TD: 08/07/2012 14. Date Casing Set or D&A: 08/07/2012

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10933 TVD** 10268 17 Plug Back Total Depth MD 10872 TVD** 10207

18. Elevations GR 6650 KB 6672

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, Mudlogs

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		0	118	381	0	118	CALC
SURF	12+1/4	9+5/8		0	1,830	430	0	1,830	CALC
1ST	8+3/4	4+1/2		0	10,897	1,709	3,140	10,897	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	7,135	10,713	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,714	10,933	<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: Cristi L. Cota-SmithTitle: Permitting Analyst Date: 6/20/2013 Email: cristi.cota-smith@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400437019	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400437020	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"/>
400436981	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400436969	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400436976	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400436980	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400437021	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Agency	Passes Permitting. Have cbl, cmt summary on sfc csg.	10/16/2013 10:44:00 AM

Total: 1 comment(s)