

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



DE ET OE ES

Document Number:

1706205

Date Received:

10/30/2008

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700 ATT
City: DENVER State: CO Zip: 80202-
4. Contact Name: ERIN NELSON
Phone: (303) 623-2300
Fax: (303) 623-2400

5. API Number 05-045-13844-00
6. County: GARFIELD
7. Well Name: N.PARACHUTE
Well Number: EF02D G29 595
8. Location: QtrQtr: SWNE Section: 29 Township: 5S Range: 95W Meridian: 6
Footage at surface: Distance: 2231 feet Direction: FNL Distance: 1477 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone
Dist.: 1255 feet. Direction: FNL Dist.: 1979 feet. Direction: FEL
Sec: 29 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole
Dist.: 1302 feet. Direction: FNL Dist.: 2067 feet. Direction: FEL
Sec: 29 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) 11/06/2007
13. Date TD: 01/17/2008
14. Date Casing Set or D&A: 01/21/2008

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

16. Total Depth MD 9709 TVD** 9592
17 Plug Back Total Depth MD 8641 TVD** 8524

18. Elevations GR 6097 KB 6119
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:
MUD, CBL

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		0	120		0	120	CALC
SURF	12+1/4	9+5/8		0	2,531	525	0	2,531	CALC
1ST	8+3/4	4+1/2		0	8,740	1,355	1,460	5,750	CBL
2ND	8+3/4	4+1/2		0		655	5,750	8,740	CALC
3RD	8+3/4	4+1/2		0	5,750	100	5,750	5,770	CALC
1ST LINER	8+3/4	4+1/2		0	5,804	225	5,804	5,900	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	5,893	9,545	<input type="checkbox"/>	<input type="checkbox"/>	LAST 3 ITEMS IN CASING, LINER & CEMENT SECTION (20)
ROLLINS	9,546	9,709	<input type="checkbox"/>	<input type="checkbox"/>	OUR LINE '2ND' IS LABELED 1, OUR '3RD' IS LABELED 2,

Comment:

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

Signed: Y _____ Print Name: ERIN NELSON _____

Title: OPS ENG TECH _____ Date: 10/18/2008 _____ Email: ERIN.NELSON@ENCANA.COM _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1697114	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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)