

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:
1937675

Date Received:
10/28/2008

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

5. API Number 05-045-15107-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: EF14D-19 I30A 5
 8. Location: QtrQtr: NESE Section: 30 Township: 5S Range: 95W Meridian: 6
 Footage at surface: Distance: 1683 feet Direction: FSL Distance: 1160 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.: 114 feet. Direction: FSL Dist.: 1937 feet. Direction: FWL

Sec: 19 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole Dist.: 96 feet. Direction: FSL Dist.: 1874 feet. Direction: FWL

Sec: 19 Twp: 5S Rng: 95W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/30/2008 13. Date TD: 05/09/2008 14. Date Casing Set or D&A: 05/10/2008

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

16. Total Depth MD 10845 TVD** 9252 17 Plug Back Total Depth MD 10821 TVD** 9228

18. Elevations GR 5935 KB 5957 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:
PASON 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	100	300	0	100	CALC
SURF	12+1/4	9+5/8		0	2,383	495	0	2,395	CALC
1ST	8+3/4	4+1/2		0	10,845	1,492	0	10,845	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	7,105	10,754	<input type="checkbox"/>	<input type="checkbox"/>	WILL SUNDRY WHEN LAT/LONG DATA IS AVAILABLE
ROLLINS	10,755	10,845	<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: Y Print Name: ERIN NELSON

Title: OPS ENGINEERING TECH Date: 9/22/2008 Email: ERIN.NELSON@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1697109	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)