

FORM
5

Rev
02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

1978908

Date Received:

01/11/2008

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: MARINA AYALA
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663
3. Address: 370 17TH ST STE 1700 ATT Fax: (720) 876-4663
City: DENVER State: CO Zip: 80202-

5. API Number 05-045-12710-00 6. County: GARFIELD
7. Well Name: N.PARACHUTE Well Number: EF01B D19A 595
8. Location: QtrQtr: NENW Section: 19 Township: 5S Range: 95W Meridian: 6
Footage at surface: Distance: 403 feet Direction: FNL Distance: 1760 feet Direction: FWL
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.: 267 feet. Direction: FNL Dist.: 1135 feet. Direction: FEL
Sec: 19 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole Dist.: 290 feet. Direction: FNL Dist.: 863 feet. Direction: FEL
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) 03/11/2007 13. Date TD: 06/05/2007 14. Date Casing Set or D&A: 06/06/2007

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

16. Total Depth MD 10470 TVD** 9518 17 Plug Back Total Depth MD 10404 TVD** 9452

18. Elevations GR 6028 KB 6051 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 & MUD

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	143	500	0	120	CALC
SURF	12+1/4	9+5/8		0	2,517	660	0	2,537	CALC
1ST	8+3/4	4+1/2		0	10,449	1,275	4,370	10,470	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	
WILLIAMS FORK	6,521	10,269	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,269	10,470	<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: MARINA AYALA _____

Title: ENG TECH _____ Date: 1/8/2008 _____ Email: _____

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"/>
1876653	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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)