

Document Number:
400592963

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: Amy Henline
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3364
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-18859-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: WF03D-27 K22 59
 8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6
 Footage at surface: Distance: 2149 feet Direction: FSL Distance: 1690 feet Direction: FWL
 As Drilled Latitude: 39.599282 As Drilled Longitude: -108.158771

GPS Data:
 Date of Measurement: 01/07/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: BEN JOHNSON

** If directional footage at Top of Prod. Zone Dist.: 1004 feet. Direction: FNL Dist.: 2034 feet. Direction: FWL
 Sec: 27 Twp: 5S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1044 feet. Direction: FNL Dist.: 2007 feet. Direction: FWL
 Sec: 27 Twp: 5S Rng: 96W

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) 06/09/2010 13. Date TD: 07/11/2010 14. Date Casing Set or D&A: 07/12/2010

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

16. Total Depth MD 9878 TVD** 8908 17 Plug Back Total Depth MD 9823 TVD** 8853

18. Elevations GR 6527 KB 6549 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:

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	42	0	120	212	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,794	394	0	1,794	CALC
1ST	8+3/4	4+1/2	11.6	0	9,855	1,459	2,357	9,855	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/28/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,325	128	1,691	3,325
SQUEEZE	1ST	2,833	57	1,983	2,833
SQUEEZE	1ST	3,256	23	3,256	2,978

Details of work:

3 Cement Squeeze operations were conducted on the casing repair of this well
 Squeeze 1 (3 cement balance plugs): 128 sx from 1691'-3325'- drilled out to 2833'
 Stage 1 Cement balance plug: 54 sx frn 2672'-3325' (03.13.2014)
 Stage 2 Cement balance plug: 40 sx from 2142'- 2672' (03.13.2014)
 Stage 3 Cement balance plug: 34 sx from 1691'-2142' (03.14.2014)

Squeeze 2 (balance plug): 57 sx from 1983'-2833'- drilled out to 3256' (03.19.2014)
 Squeeze 3: 23 sx from 3256'-2978'- drilled out to 3256' (03.25.2014)

Please see attached cement reports (3) and Completion & Workover Ops Summary.

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	6,346	9,664	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,664	9,878	<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: AMY HENLINE

Title: REGULATORY ANALYST Date: _____ Email: amy.henline@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400593806	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400593812	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400593814	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400593817	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400594158	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)