

FORM  
5A  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:  
2512442

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100185  
2. Name of Operator: ENCANA OIL & GAS (USA) INC  
3. Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-56  
4. Contact Name: HEATHER MITCHELL  
Phone: (720) 876-3070  
Fax: (720) 876-4070

5. API Number 05-045-18919-00  
6. County: GARFIELD  
7. Well Name: N. Parachute  
Well Number: WF16A-21 K22 59  
8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
Treatment Date: 06/18/2010 Date of First Production this formation: 07/08/2010  
Perforations Top: 5777 Bottom: 9015 No. Holes: 330 Hole size: 42/100  
Provide a brief summary of the formation treatment: Open Hole:   
STAGES 1-11 TREATED WITH A TOTAL OF: 98,471 BBLs OF SLICKWATER, 543,500 LBS 20-40 SAND, 121,600 LBS 30-50 SAND.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 07/23/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1173 Bbls H2O: 1500  
Calculated 24 hour rate: Bbls oil: Mcf Gas: 1173 Bbls H2O: 1500 GOR:  
Test Method: FLOWING Casing PSI: 2544 Tubing PSI: 1305 Choke Size: 26  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7716 Tbg setting date: 07/10/2010 Packer Depth: 0  
Reason for Non-Production:  
Date formation Abandoned: Squeeze:  Yes  No If yes, number of sacks cmt  
Bridge Plug Depth: Sacks cement on top:

Comment:

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

Signed: Print Name: HEATHER MITCHELL  
Title: REGULATORY Date: 8/25/2010 Email: HEATHER.MITCHELL@ENCANA.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 1/5/2011

**Attachment Check List**

Att Doc Num	Name
2512442	FORM 5A SUBMITTED
2512443	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)