

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



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Document Number:

2512442

COMPLETED INTERVAL REPORT

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

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: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/18/2010</u>	Date of First Production this formation: <u>07/08/2010</u>
Perforations Top: <u>5777</u> Bottom: <u>9015</u>	No. Holes: <u>330</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/23/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1173</u> Bbls H2O: <u>1500</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: <u>1173</u> Bbls H2O: <u>1500</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>2544</u> Tubing PSI: <u>1305</u> Choke Size: <u>26</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1170</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7716</u> Tbg setting date: <u>07/10/2010</u> Packer Depth: <u>0</u>	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

User Group

Comment

Comment Date

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Total: 0 comment(s)