

FORM
5Rev
02/08State 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

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.

Document Number:

400133874

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

Fax: (720) 876-4663

City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-17589-00

6. County: GARFIELD

7. Well Name: N. Parachute

Well Number: EF10D-21 C28 59

8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6

Footage at surface: Distance: 1207 feet Direction: FNL Distance: 2287 feet Direction: FWL

As Drilled Latitude: 39.588735 As Drilled Longitude: -108.060521

GPS Data:

Data of Measurement: 02/15/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: Ben Johnson

** If directional footage

at Top of Prod. Zone Distance: 1414 feet Direction: FSL Distance: 1484 feet Direction: FEL

Sec: 21 Twp: 5S Rng: 95W

at Bottom Hole Distance: 1434 feet Direction: FSL Distance: 1487 feet Direction: FEL

Sec: 21 Twp: 5S Rng: 95W

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) 03/17/2010 13. Date TD: 05/26/2010 14. Date Casing Set or D&A: 05/27/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10641 TVD 9799 17 Plug Back Total Depth MD 10593 TVD 9752

18. Elevations GR 6175 KB 6197

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, RST and Mud Logs.

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 | Line pipe | 0 | 145 | 6 | 0 | 145 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 1,732 | 383 | 0 | 1,732 | CALC |
| 2ND | 7+7/8 | 4+1/2 | 12 | 0 | 10,618 | 1,463 | 1,957 | 10,618 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

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 | 6,738 | 10,489 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 10,489 | 10,641 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

RST and CBL in same doc.

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

Signed: _____ Print Name: Marina Ayala

Title: Permitting Tech Date: _____ Email: marina.ayala@encana.com

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

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| 400133896 | LAS- |
| 400133898 | LAS- |
| 400133899 | |
| 400133901 | |

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)