

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:

400133915

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: Marina Ayala
Phone: (720) 876-3663
Fax: (720) 876-4663

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
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 11/10/2010 Date of First Production this formation: 12/20/2010
Perforations Top: 6866 Bottom: 10476 No. Holes: 390 Hole size: 42
Provide a brief summary of the formation treatment: Open Hole:
Stages 1-13 treated with a total of : 107,613 bbls of Slickwater.
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1693 Bbls H2O: 78
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1693 Bbls H2O: 78 GOR:
Test Method: Flowing Casing PSI: 2029 Tubing PSI: 753 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9212 Tbg setting date: 12/03/2010 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: Marina Ayala
Title: Permitting Tech Date: Email marina.ayala@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400133923	

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)