

**FORM**  
**5**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

Document Number:

2510941

**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: 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 05-045-18082-00 6. County: GARFIELD  
7. Well Name: N. PARACHUTE Well Number: EF14D-28C28A595  
8. Location: QtrQtr: NENW Section: 28 Township: 5S Range: 95W Meridian: 6  
Footage at surface: Distance: 1289 feet Direction: FNL Distance: 1595 feet Direction: FWL  
As Drilled Latitude: 39.588521 As Drilled Longitude: -108.063009

## GPS Data:

Data of Measurement: 04/20/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: BRANDON BIRDSALL

## \*\* If directional footage

at Top of Prod. Zone Distance: 237 feet Direction: FSL Distance: 2291 feet Direction: FWL  
Sec: 28 Twp: 5S Rng: 95W  
at Bottom Hole Distance: 145 feet Direction: FSL Distance: 2273 feet Direction: FWL  
Sec: 28 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) 12/22/2009 13. Date TD: 01/17/2010 14. Date Casing Set or D&A: 01/18/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 10880 TVD 9590 17 Plug Back Total Depth MD 10834 TVD 954318. Elevations GR 6168 KB 6190

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

## 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             |       | 0             | 120           | 200       | 0       | 120     | CALC   |
| SURF        | 12+1/4       | 9+5/8          |       | 0             | 1,707         | 383       | 0       | 1,707   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          |       | 0             | 10,859        | 1,484     | 2,749   | 10,859  | 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  | 7,209          | 10,698 | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 10,698         | 10,880 | <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: HEATHER MITCHELL

Title: REGULATORY ANALYST Date: 7/21/2010 Email: HEATHER.MITCHELL@ENCANA.COM

### Attachment Check List

| Att Doc Num | Name               |
|-------------|--------------------|
| 2510941     | FORM 5 SUBMITTED   |
| 2510942     | DIRECTIONAL SURVEY |
| 2510943     | CEMENT JOB SUMMARY |

Total Attach: 3 Files

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)