

**FORM
5A**Rev
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

Document Number:

400125245

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 05-045-15491-00 6. County: GARFIELD
7. Well Name: N.PARACHUTE Well Number: EF07C-20 C29 59
8. Location: QtrQtr: NENW Section: 29 Township: 5S Range: 95W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/19/2010</u>		Date of First Production this formation: <u>10/22/2010</u>	
Perforations	Top: <u>10053</u> Bottom: <u>11879</u>	No. Holes: <u>180</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>01/06/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>853</u> Bbls H2O: <u>106</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>853</u> Bbls H2O: <u>106</u> GOR: <u> </u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>3696</u>	Tubing PSI: <u>1249</u>	Choke Size: <u>30/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>11136</u>	Tbg setting date: <u>12/31/2010</u>	Packer Depth: <u> </u>
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>	

Comment:

I have attached the final form 5 that was submitted on 9/22/2009.

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

Signed: _____ Print Name: Heather MitchellTitle: Regulatory Analyst Date: 1/19/2011 Email: heather.mitchell@encana.com

Attachment Check List

Att Doc Num	Name
400125245	FORM 5A SUBMITTED
400125248	WELLBORE DIAGRAM
400125249	OTHER

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)