

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:  
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  
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: Heather Mitchell  
Phone: (720) 876-3070  
Fax: (720) 876-4070

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: WILLIAMS FORK Status: PRODUCING  
Treatment Date: 06/19/2010 Date of First Production this formation: 10/22/2010  
Perforations Top: 10053 Bottom: 11879 No. Holes: 180 Hole size: 0.42  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 01/06/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 853 Bbls H2O: 106  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 853 Bbls H2O: 106 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 3696 Tubing PSI: 1249 Choke Size: 30/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 11136 Tbg setting date: 12/31/2010 Packer Depth: \_\_\_\_\_  
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 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 Mitchell  
Title: 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)