

**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



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Document Number:  
  
2071323

**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 05-045-18920-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: WF16C-21 K22 59  
 8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2117 feet Direction: FSL Distance: 1575 feet Direction: FWL  
 As Drilled Latitude: 39.599194 As Drilled Longitude: -108.159180

GPS Data:

Data of Measurement: 01/07/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: BEN JOHNSON

\*\* If directional footage at Top of Prod. Zone Dist.: 609 feet. Direction: FSL Dist.: 644 feet. Direction: FEL  
 Sec: 21 Twp: 5S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 580 feet. Direction: FSL Dist.: 705 feet. Direction: FEL  
 Sec: 21 Twp: 5S Rng: 96W

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) 01/17/2010 13. Date TD: 03/01/2010 14. Date Casing Set or D&A: 03/02/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9480 TVD\*\* 8731 17 Plug Back Total Depth MD 9436 TVD\*\* 8687

18. Elevations GR 6526 KB 6548

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:

RST, CBL AND MUD

20. Casing, Liner and Cement:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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	232	0	120	CALC
SURF	12+1/4	9+5/8		0	1,728	409	0	1,728	CALC
1ST	8+3/4	4+1/2		0	9,462	1,261	2,783	9,462	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	5,950	9,344	<input type="checkbox"/>	<input type="checkbox"/>	TOG:5975'R
ROLLINS	9,345	9,480	<input type="checkbox"/>	<input type="checkbox"/>	TD:9480'

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: 9/16/2010 Email: HEATHER.MITCHELL@ENCANA.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2071325	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2071324	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2071323	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Requested digital RST log. dhs	1/25/2011 3:14:08 PM

Total: 1 comment(s)