

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

Document Number:  
400170282

### 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: Judith Walter  
Phone: (720) 876-3702  
Fax: (720) 876-4702

5. API Number 05-045-14994-00  
6. County: GARFIELD  
7. Well Name: N. Parachute  
Well Number: MF10C E09 696  
8. Location: QtrQtr: SWNW Section: 9 Township: 6S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

#### Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/24/2011 Date of First Production this formation: 04/28/2011  
Perforations Top: 5450 Bottom: 8837 No. Holes: 390 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Stages 01-13 treated with a total of: 207415 bbls of SLICKWATER.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 05/16/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1355 Bbls H2O: 119  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1355 Bbls H2O: 119 GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 2092 Tubing PSI: 605 Choke Size: 64/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7669 Tbg setting date: 04/23/2011 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 hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Judith Walter  
Title: Regulatory Analyst Date: 5/31/2011 Email judith.walter@encana.com

**Attachment Check List**

Att Doc Num	Name
400170282	FORM 5A SUBMITTED
400170286	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)