

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:
1987465

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: MARINA AYALA
Phone: (303) 623-2300
Fax: (303) 623-2400

5. API Number 05-045-14481-00
6. County: GARFIELD
7. Well Name: N.PARACHUTE
Well Number: EF08D-24 E19 59
8. Location: QtrQtr: NWNW Section: 19 Township: 5S Range: 95W Meridian: 6
Footage at surface: Distance: 1305 feet Direction: FNL Distance: 1319 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 1950 feet. Direction: FNL Dist.: 583 feet. Direction: FEL
Sec: 34 Twp: 5S Rng: 96W
** If directional footage at Bottom Hole Dist.: 1975 feet. Direction: FNL Dist.: 743 feet. Direction: FEL
Sec: 24 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) 12/14/2007 13. Date TD: 04/09/2008 14. Date Casing Set or D&A: 04/10/2008

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9750 TVD** 9331 17 Plug Back Total Depth MD 9680 TVD** 9261

18. Elevations GR 5993 KB 6016
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:
MUD & CBL

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	24	16		0	123	400	0	100	CALC
SURF	12+1/4	9+5/8		0	2,506	502	0	2,525	CALC
1ST	8+3/4	4+1/2		0	9,725	1,326	3,740	9,750	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	5,878	9,577	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,577	9,750	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LAT/LONG INFORMATION NOT AVAILABLE YET, WILL SEND SUNDRY WHEN AVAILABLE.

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

Signed: Y _____Print Name: MARINA.AYALA _____Title: ENGINEERING TECH _____Date: 8/26/2008 _____Email: MARINA.AYALA@ENCANA.COM _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1825982	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"/>

General Comments

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

Total: 0 comment(s)