

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:

400215997

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-
4. Contact Name: Heather Mitchell
Phone: (720) 876-3070
Fax: (720) 876-4070

5. API Number 05-045-18880-00
6. County: GARFIELD
7. Well Name: N. Parachute
Well Number: WF11A-22 K22 59
8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK		Status: PRODUCING	
Treatment Date: 07/25/2010		Date of First Production this formation: 08/13/2011	
Perforations Top: 5348	Bottom: 8717	No. Holes: 330	Hole size: 0.42
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Stages 01-11 treated with a total of: 117150 bbls of Slickwater.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: 08/20/2011	Hours: 24	Bbls oil: 0	Mcf Gas: 564
Calculated 24 hour rate:		Bbls oil: 0	Mcf Gas: 564
Test Method: FLOWING	Casing PSI: 1423	Tubing PSI: 462	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: 7635	Tbg setting date: 08/12/2011	Packer Depth:
Reason for Non-Production:			
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Heather Mitchell

Title: Regulatory Analyst Date: Email: heather.mitchell@encana.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400215998	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)