

**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:

400215974

**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 &amp; GAS (USA) INC

Phone: (720) 876-3070

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4070

City: DENVER State: CO Zip: 80202-

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

Footage at surface: Distance: 2185 feet Direction: FSL Distance: 1789 feet Direction: FWL

As Drilled Latitude: 39.599378 As Drilled Longitude: -108.158423

## GPS Data:

Data of Measurement: 01/07/2010 PDOP Reading: 3.1 GPS Instrument Operator's Name: Ben Johnson

\*\* If directional footage at Top of Prod. Zone Dist.: 2491 feet. Direction: FSL Dist.: 1958 feet. Direction: FWL

Sec: 22 Twp: 5S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2484 feet. Direction: FSL Dist.: 1929 feet. Direction: FWL

Sec: 22 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) 08/16/2010 13. Date TD: 10/13/2010 14. Date Casing Set or D&amp;A: 10/14/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8950 TVD\*\* 8917 17 Plug Back Total Depth MD 8905 TVD\*\* 8872

18. Elevations GR 6533 KB 6555

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 &amp; Mud

## 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	26	16	Line pipe	0	120	273	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,693	551	0	1,880	CALC
2ND	7+3/4	4+1/2	12	0	8,934	1,291	1,278	8,950	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	5,295	8,794	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,795	8,917	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

RST &amp; CBL in the same file. TOG 5454

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: 10/18/2011 Email: heather.mitchell@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400215980	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400215979	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
400215978	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400215974	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400215975	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REC LOGS DOC#1671149-51, IN SCANNING	10/21/2011 8:42:49 AM
Permit	WAITING ON DIGITAL AND HARD COPY LOGS	10/19/2011 3:18:56 PM

Total: 2 comment(s)