

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:

400234451

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: Erin Hochstetler
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5827
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19045-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: WF14B-24H26596
 8. Location: QtrQtr: SENE Section: 26 Township: 5S Range: 96W Meridian: 6
 Footage at surface: Distance: 2453 feet Direction: FNL Distance: 650 feet Direction: FEL
 As Drilled Latitude: 39.586658 As Drilled Longitude: -108.129669

GPS Data: Data of Measurement: 12/07/2011 PDOP Reading: 3.5 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 706 feet. Direction: FSL Dist.: 1360 feet. Direction: FWL
 Sec: 24 Twp: 5S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 751 feet. Direction: FSL Dist.: 1363 feet. Direction: FWL
 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) 06/04/2011 13. Date TD: 09/21/2011 14. Date Casing Set or D&A: 09/23/2011

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

16. Total Depth MD 10605 TVD** 9224 17 Plug Back Total Depth MD 10534 TVD** 9153

18. Elevations GR 6092 KB 6115 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:
CBL, RST, 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		0	178	225	0	178	CALC
SURF	12+1/4	9+5/8		0	1,738	383	0	1,706	CALC
2ND	8+3/4	4+1/2		0	10,581	1,464	1,702	10,581	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	6,717	10,419	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,420	10,605	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CBL and RST are together

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

Signed: _____ Print Name: Erin Hochstetler

Title: Permitting Technician Date: _____ Email: erin.hochstetler@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400234479	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400234480	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400234472	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400234473	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)