

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:
400234492

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: Erin Hochstetler
Phone: (720) 876-5827
Fax:

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
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 11/09/2011 Date of First Production this formation: 11/18/2011
Perforations Top: 6717 Bottom: 10316 No. Holes: 390 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
Stages 1-13 treated with a total of: 100,998 bbls of Slickwater.
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/05/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 3283 Bbls H2O: 86
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3283 Bbls H2O: 86 GOR: 0
Test Method: Flowing Casing PSI: 742 Tubing PSI: Choke Size: 64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: 0
Reason for Non-Production:
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:
Production running through casing. Tubing will be landed within the next 6 months to a year.

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

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
400234501	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)