

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:

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 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
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/09/2011</u>		Date of First Production this formation: <u>11/18/2011</u>	
Perforations	Top: <u>6717</u> Bottom: <u>10316</u>	No. Holes: <u>390</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Stages 1-13 treated with a total of: 100,998 bbls of Slickwater.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>12/05/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>3283</u> Bbls H2O: <u>86</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>3283</u> Bbls H2O: <u>86</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>742</u>	Tubing PSI: _____	Choke Size: <u>64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1170</u>	API Gravity Oil: <u>0</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: <u>0</u>
Reason for Non-Production: _____ _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: 12/20/2011 Email: erin.hochstetler@encana.com

Attachment Check List

Att Doc Num	Name
400234492	FORM 5A SUBMITTED
400234501	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--form 5 approved.	12/23/2011 10:59:29 AM
Permit	on hold--waiting on approval of form 5.	12/21/2011 10:20:43 AM

Total: 2 comment(s)