

**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:

400232748

**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: Marina Ayala

2. Name of Operator: ENCANA OIL &amp; GAS (USA) INC

Phone: (720) 876-5905

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6905

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19040-00

6. County: GARFIELD

7. Well Name: N. Parachute

Well Number: WF04B-25 H26 59

8. Location: QtrQtr: SENE Section: 26 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 2461 feet Direction: FNL Distance: 649 feet Direction: FEL

As Drilled Latitude: 39.586637 As Drilled Longitude: -108.129662

## GPS Data:

Date 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.: 552 feet. Direction: FNL Dist.: 1231 feet. Direction: FWL

Sec: 25 Twp: 5S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 558 feet. Direction: FNL Dist.: 1201 feet. Direction: FWL

Sec: 25 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) 06/03/2011 13. Date TD: 09/28/2011 14. Date Casing Set or D&amp;A: 09/29/2011

## 15. Well Classification:

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

16. Total Depth MD 9890 TVD\*\* 9148 17 Plug Back Total Depth MD 9837 TVD\*\* 9095

18. Elevations GR 6094 KB 6116

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 (same log) and 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             | 42    | 0             | 178           | 217       | 0       | 180     | CALC   |
| SURF        | 12+1/4       | 9+5/8          | 36    | 0             | 1,736         | 383       | 0       | 1,756   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 12    | 0             | 9,862         | 1,330     | 1,490   | 9,890   | 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  | 6,079          | 9,742  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 9,743          | 9,890  | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

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

Signed: \_\_\_\_\_ Print Name: Marina Ayala

Title: Permitting Technician Date: 12/15/2011 Email: marina.ayala@encana.com

**Attachment Check List**

| Att Doc Num                 | Document Name          | attached ? |                                     |    |                                     |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                        |            |                                     |    |                                     |
| 400232765                   | CMT Summary *          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400232764                   | 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>    |                        |            |                                     |    |                                     |
| 400232748                   | FORM 5 SUBMITTED       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400232756                   | PDF-MUD                | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400232757                   | LAS-TRIPLE COMBINATION | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| User Group | Comment  | Comment Date          |
|------------|--|-----------------------|
| Permit     | EDRL 2445783 CBL/CBL/VDL/GR/CCL 2445782 RST/SM/GR/CCL 2445781 in scanning. | 12/20/2011 8:20:23 AM |

Total: 1 comment(s)