

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:

400247037

## 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: Marina Ayala  
Phone: (720) 876-5905  
Fax: (720) 876-6905

5. API Number 05-045-19035-00  
6. County: GARFIELD  
7. Well Name: N. Parachute  
Well Number: WF13C-24 H26 59  
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: 12/12/2011	Date of First Production this formation: 12/30/2011
Perforations Top: 6554 Bottom: 10206	No. Holes: 420 Hole size: 0.42
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Stages 1-14 treated with a total of: 109,412 bbls of Slickwater.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 01/05/2012 Hours: 24	Bbls oil: 0 Mcf Gas: 3165 Bbls H2O: 116
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 3165 Bbls H2O: 116 GOR: 0
Test Method: Flowing	Casing PSI: 1272 Tubing PSI: 435 Choke Size: 42/64
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
Tubing Size: 2 + 3/8	Tubing Setting Depth: 10213 Tbg setting date: 01/23/2012 Packer Depth: 0
Reason for Non-Production:	
<input type="text"/>	
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt
Bridge Plug Depth:	Sacks cement on top:

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: Email: marina.ayala@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
400247038	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)