

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:

400270657

Date Received:

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 05-045-12679-00 6. County: GARFIELD
7. Well Name: N PARACHUTE Well Number: WF13D-30A36A596
8. Location: QtrQtr: NENE Section: 36 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>02/25/2012</u>	Date of First Production this formation: <u>03/12/2012</u>
Perforations Top: <u>5074</u> Bottom: <u>6979</u>	No. Holes: <u>180</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Stages 1R, 2R, 3R, 4R, 5R, 6R treated with a total of: 66764 bbls of Slickwater.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/03/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1685</u> Bbls H2O: <u>78</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1685</u> Bbls H2O: <u>78</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>533</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: _____
Reason for Non-Production: _____	
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:

No tubing was landed at this time.

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	Name
400270668	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)