

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400288202

Date Received:

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
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 05-045-14566-00
6. County: GARFIELD
7. Well Name: N PARACHUTE Well Number: WF10D-25I25A596
8. Location: QtrQtr: NESE Section: 25 Township: 5S Range: 96W Meridian: 6
Footage at surface: Distance: 1755 feet Direction: FSL Distance: 556 feet Direction: FEL
As Drilled Latitude: 39.583722 As Drilled Longitude: -108.110580

GPS Data:

Date of Measurement: 06/11/2009 PDOP Reading: 4.0 GPS Instrument Operator's Name: Jack Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1622 feet. Direction: FSL Dist.: 2107 feet. Direction: FEL

Sec: 25 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1604 feet. Direction: FSL Dist.: 2126 feet. Direction: FEL

Sec: 25 Twp: 5S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
11. Federal, Indian or State Lease Number: COC44963

12. Spud Date: (when the 1st bit hit the dirt) 01/13/2008 13. Date TD: 12/25/2006 14. Date Casing Set or D&A: 02/04/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8970 TVD** 8721 17 Plug Back Total Depth MD 8898 TVD** 8649

18. Elevations GR 5818 KB 5831
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:

No logs were run

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	24	18		0	45	25	0	45	CALC
SURF	13+1/2	9+5/8		0	2,617	485	0	2,617	CALC
2ND	7+7/8	4+1/2		0	8,930	843	4,740	8,930	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	
FORT UNION	3,822	4,739	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,740	8,340	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,341	8,970	<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: Erin Hochstetler

Title: Permitting Technician Date: _____ Email: erin.hochstetler@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400288221	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)