

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Erin Hochstetler Phone: (720) 876-5827 Fax:

5. API Number 05-045-12677-00
6. County: GARFIELD
7. Well Name: N PARACHUTE Well Number: WF01B-36A36A596
8. Location: QtrQtr: NENE Section: 36 Township: 5S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:

Treatment Date: 02/25/2012 End Date: Date of First Production this formation: 03/12/2012

Perforations Top: 5119 Bottom: 6982 No. Holes: 180 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

Stages 1R, 2R, 3R, 4R, 5R, 6R treated with a total of: 44468 bbls of Slickwater.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals:

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/29/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 394 Bbl H2O: 12

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 394 Bbl H2O: 12 GOR: 0

Test Method: Flowing Casing PSI: 775 Tubing PSI: 251 Choke Size: 32

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0

Tubing Size: 2.375 Tubing Setting Depth: 6015 Tbg setting date: 04/19/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

Tubing was landed on 4/19/2012. Please find updated wellbore diagram attached.

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: 5/15/2012 Email erin.hochstetler@encana.com
:

Attachment Check List

Att Doc Num	Name
400284456	FORM 5A SUBMITTED
400284489	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)