

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

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



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Document Number:

400270045

Date Received:

04/09/2012

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: Judith Walter
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-18692-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: MF03C-16 H17 69
 8. Location: QtrQtr: SENE Section: 17 Township: 6S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: _____
 Treatment Date: 08/10/2011 End Date: _____ Date of First Production this formation: 08/29/2011
 Perforations Top: 4402 Bottom: 7636 No. Holes: 360 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Stages 01-12 treated with a total of: 128955 bbls of Slickwater.

This formation is commingled with another formation: ☐ Yes ☒ 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: 03/13/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1395 Bbl H2O: 115
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1395 Bbl H2O: 115 GOR: 0
 Test Method: Flowing Casing PSI: 762 Tubing PSI: 438 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7624 Tbg setting date: 03/09/2012 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:

Landed tubing on 3/9/2012.

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

Signed: _____ Print Name: Judith Walter

Title: Regulatory Analyst Date: 4/9/2012 Email: judith.walter@encana.com
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Attachment Check List

Att Doc Num	Name
400270045	FORM 5A SUBMITTED
400270046	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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Total: 0 comment(s)