

FORM
5Rev
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:

1883261

Date Received:

05/08/2008

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

4. Contact Name: NICHOLAS RONAN

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-3838

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6838

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-11711-00

6. County: GARFIELD

7. Well Name: N. PARACHUTE

Well Number: E02C-24 E19 595

8. Location: QtrQtr: SWNW Section: 19 Township: 5S Range: 95W Meridian: 6

Footage at surface: Distance: 1341 feet Direction: FNL Distance: 1284 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 861 feet. Direction: FNL Dist.: 1736 feet. Direction: FEL

Sec: 24 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 810 feet. Direction: FNL Dist.: 2085 feet. Direction: FEL

Sec: 24 Twp: 5S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/06/2006 13. Date TD: 12/07/2007 14. Date Casing Set or D&A: 12/08/2007

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10385 TVD** 9302 17 Plug Back Total Depth MD 10319 TVD** 9236

18. Elevations GR 5993 KB 6016

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:

CBL, MUD

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 | 20 | 16 | | 0 | 90 | | 0 | 90 | CALC |
| SURF | 12+1/4 | 9+5/8 | | 0 | 2,299 | 602 | 0 | 2,515 | CALC |
| 1ST | 8+3/4 | 4+1/2 | | 0 | 10,365 | 1,461 | 3,400 | 10,365 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/perf 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 | |
| WILLIAMS FORK | 6,365 | 10,209 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 10,209 | 10,385 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

AS DRILLED GPS DATA WILL BE MAILED IN A SUNDRY WHEN DATA IS AVAILABLE.

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

Signed: Y _____ Print Name: NICHOLAS RONAN _____

Title: ENG TECH _____ Date: 5/6/2008 _____ Email: _____

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 1773065 | Directional Survey ** | Yes | <input checked="" type="checkbox"/> | No | <input 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"/> |

General Comments

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

Total: 0 comment(s)