

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:

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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
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: NICHOLAS RONAN
Phone: (720) 876-3838
Fax: (720) 876-6838

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:
Date 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)