

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



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Document Number:
400293936

Date Received:
06/11/2012

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: Marina Ayala
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6905
City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20287-00 6. County: GARFIELD
7. Well Name: N. Parachute Well Number: EF08B-34 P27595
8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6
Footage at surface: Distance: 579 feet Direction: FSL Distance: 534 feet Direction: FEL
As Drilled Latitude: 39.579166 As Drilled Longitude: -108.033119

GPS Data:
Date of Measurement: 11/01/2011 PDOP Reading: 4.0 GPS Instrument Operator's Name: Ben Johnson

** If directional footage at Top of Prod. Zone Dist.: 1516 feet. Direction: FNL Dist.: 649 feet. Direction: FEL
Sec: 34 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1535 feet. Direction: FNL Dist.: 662 feet. Direction: FEL
Sec: 34 Twp: 5S Rng: 95W

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) 11/30/2011 13. Date TD: 12/26/2011 14. Date Casing Set or D&A: 12/28/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10480 TVD** 10093 17 Plug Back Total Depth MD 10423 TVD** 10036

18. Elevations GR 6650 KB 6673 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:
RST, CBL (included in triple combo) and 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	26	16	42	0	120	175	0	120	CALC
SURF	12+1/4	9+5/8	36	0	1,823	434	0	1,850	CALC
1ST	8+3/4	4+1/2	11.6	0	10,448	1,434	2,850	10,480	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	6,777	10,324	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,325	10,480	<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: Marina Ayala

Title: Permitting Technician Date: 6/11/2012 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400294209	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400294206	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400293936	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400293953	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400293957	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400294207	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)