

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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| DE | ET | OE | ES |
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Document Number:
400325998

Date Received:

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 05-045-20284-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: EF01E-34 P27595
 8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6
 Footage at surface: Distance: 597 feet Direction: FSL Distance: 543 feet Direction: FEL
 As Drilled Latitude: 39.579216 As Drilled Longitude: -108.033149

GPS Data:
 Date of Measurement: 11/04/2011 PDOP Reading: 4.0 GPS Instrument Operator's Name: Ben Johnson

** If directional footage at Top of Prod. Zone Dist.: 855 feet. Direction: FNL Dist.: 642 feet. Direction: FEL
 Sec: 27 Twp: 5S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 872 feet. Direction: FNL Dist.: 644 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) 11/24/2011 13. Date TD: 01/14/2012 14. Date Casing Set or D&A: 01/23/2012

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

16. Total Depth MD 11422 TVD** 11234 17 Plug Back Total Depth MD 11374 TVD** 11185

18. Elevations GR 6650 KB 6672 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 | 1,825 | 325 | 0 | 1,825 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 11,398 | 1,533 | 2,505 | 11,422 | 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 | 6,608 | 10,165 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 10,166 | 11,422 | <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: _____ Email: marina.ayala@encana.com

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"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" 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> | | | |
| 400326005 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400326006 | LAS-TRIPLE COMBINATION | 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)