

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 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: Marina Ayala Phone: (720) 876-5905 Fax: (720) 876-6905

5. API Number 05-045-20292-00 6. County: GARFIELD 7. Well Name: N. Parachute 8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/29/2012 End Date: 12/13/2012 Date of First Production this formation: 01/01/2013

Perforations Top: 6593 Bottom: 10085 No. Holes: 240 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

Stages 1-8 treated with a total of: 201,620 bbl Sllickwater.

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 201620 Max pressure during treatment (psi): 6255 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40 Type of gas used in treatment: Min frac gradient (psi/ft): 0.94 Total acid used in treatment (bbl): 0 Number of staged intervals: 8 Recycled water used in treatment (bbl): 201620 Flowback volume recovered (bbl): 27630 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/08/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1945 Bbl H2O: 4115 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1945 Bbl H2O: 4115 GOR: 0 Test Method: Flowing Casing PSI: 1614 Tubing PSI: Choke Size: 38/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1170 API Gravity Oil: 0 Tubing Size: Tubing Setting Depth: Tbg setting date: 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: \*\* Wireline and Cement Job Summary must be attached.

Comment:

Tubing has not been landed on this well.

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: 1/28/2013 Email marina.ayala@encana.com  
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**Attachment Check List**

Att Doc Num	Name
400375091	FORM 5A SUBMITTED
400375097	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)