

**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:  
400436813

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: Cristi Cota-Smith  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3083  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4083  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20301-00 6. County: GARFIELD  
 7. Well Name: N. Parachute Well Number: EF11E-27 P27595  
 8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6  
 Footage at surface: Distance: 725 feet Direction: FSL Distance: 601 feet Direction: FEL  
 As Drilled Latitude: 39.579564 As Drilled Longitude: -108.033356

GPS Data:  
 Date of Measurement: 11/24/2011 PDOP Reading: 3.9 GPS Instrument Operator's Name: Ben Johnson

\*\* If directional footage at Top of Prod. Zone Dist.: 1661 feet. Direction: FSL Dist.: 3173 feet. Direction: FWL

Sec: 27 Twp: 5S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1636 feet. Direction: FSL Dist.: 3218 feet. Direction: FWL

Sec: 27 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) 04/27/2012 13. Date TD: 07/16/2012 14. Date Casing Set or D&A: 07/16/2012

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

16. Total Depth MD 10835 TVD\*\* 10221 17 Plug Back Total Depth MD 10800 TVD\*\* 10186

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:  
CBL, mudlogs

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		0	118	349	0	118	CALC
SURF	12+1/4	9+5/8		0	1,829	430	0	1,829	CALC
1ST	8+3/4	4+1/2		0	10,825	1,712	2,510	10,825	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	7,097	10,708	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,708	10,835	<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: Cristi L. Cota-Smith

Title: Permitting Analyst Date: \_\_\_\_\_ Email: cristi.cota-smith@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400436849	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400436850	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"/>
400436825	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400436816	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400436823	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400436852	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)