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Document Number:
 400495703

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: Allison Linz
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 8763835
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-16058-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: EF15D-20 H29A 5
 8. Location: QtrQtr: SENE Section: 29 Township: 5S Range: 95W Meridian: 6
 Footage at surface: Distance: 1360 feet Direction: FNL Distance: 623 feet Direction: FEL
 As Drilled Latitude: 39.588330 As Drilled Longitude: -108.070869

GPS Data:
 Date of Measurement: 01/23/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1360 feet. Direction: FNL Dist.: 623 feet. Direction: FEL
 Sec: 29 Twp: 5s Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 1067 feet. Direction: FNL Dist.: 935 feet. Direction: FEL
 Sec: 29 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) 01/24/2009 13. Date TD: 01/25/2009 14. Date Casing Set or D&A: 01/26/2009

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

16. Total Depth MD 1825 TVD** 1741 17 Plug Back Total Depth MD 0 TVD** 0

18. Elevations GR 6237 KB 6259 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:

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	24	16	55	0	180	6	0	0	CALC
SURF	12+1/4	9+5/8	36	0	1,812	402	0	1,812	CALC

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Surface casing was preset due to rig availability. The Rig was released on 1/29/2009. Anticipated date for resumed Drilling was going to be first quarter 2010.

1/18/09 Preliminary Form 5 filed with Surface Cement Report, no directional report, no logs run.

8/2013 Development team ok'd approval for team to plug and abandon this surface casing.

The BHF were calculated from the directional survey attached last footage of 1765', surface csg set @ 1812'.

The directional footages at the top of the Production zone input are the same as permitted footages to get the Form 5 to be able to submit.

The plugging is planned for 2014 plugging season.

Encana requests continued Shut In Status for this surface csg, this well has been shut in since 1/17/09, To insure the well is closed to the atmosphere the surface Csg set with QDC 3M cap.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Allison Linz

Title: Permitting Analyst

Date:

Email: allison.linz@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"/>
400495712	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"/>
<u>Other Attachments</u>			
400496269	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)