

FORM
5Rev
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:

400504814

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 05-045-15550-00

6. County: GARFIELD

7. Well Name: N. PARACHUTE

Well Number: EF06D-20 C29 59

8. Location: QtrQtr: NENW Section: 29 Township: 5S Range: 95W Meridian: 6

Footage at surface: Distance: 646 feet Direction: FNL Distance: 2132 feet Direction: FWL

As Drilled Latitude: 39.590285 As Drilled Longitude: -108.079834

GPS Data:

Data of Measurement: 09/24/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FSL Dist.: 0 feet. Direction: FWL

Sec: 20 Twp: 5s Rng: 95w

** If directional footage at Bottom Hole Dist.: 375 feet. Direction: FSL Dist.: 2050 feet. Direction: FWL

Sec: 20 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) 11/14/2008 13. Date TD: 11/16/2008 14. Date Casing Set or D&A: 11/16/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2831 TVD** 2574 17 Plug Back Total Depth MD 2779 TVD** 2522

18. Elevations GR 7010 KB 7030

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:

No logs submitted

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	30	20	55	0	160	500	0	160	CALC
SURF	12+1/4	9+5/8	36	0	2,779	631	0	2,831	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 for this well was preset due to Rig availability, they anticipated to resume drilling in 2010.
 1/29/2009 Preliminary Form 5 filed with the Directional plan and Surface cement report, there were no logs run on this well.
 8/2013 Development team ok'd approval to plug and abandon this well with surface casing.
 The BHL footages were calculated from the final directional report attached of TD of 2831'; surface casing set @ 2779' (PBTD).
 No Footages input for the Top of Production zone: does not apply to this well
 The plugging of this well is planned for the 2014 plugging season (to be plugged by 9/30/2014)
 Encana requests continued Shut In status for this surface csg, this well has been shut in since 11/16/2008.
 To insure that the well is closed to the atmosphere the surface casing it has a 9-5/8" casing with slip on cap not pressure rated.
 This wells surface casing cap was inspected by Encana on 10/17/13.

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>			
400504831	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400504834	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"/>

General Comments

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

Total: 0 comment(s)