

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:

400492415

Date Received:

10/15/2013

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: Judith Walter

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-3702

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4702

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-16065-00

6. County: GARFIELD

7. Well Name: N. PARACHUTE

Well Number: EF01B-29 H29A 5

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

Footage at surface: Distance: 1348 feet Direction: FNL Distance: 597 feet Direction: FEL

As Drilled Latitude: 39.588392 As Drilled Longitude: -108.070680

GPS Data:

Data of Measurement: 08/22/2010 PDOP Reading: 3.5 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1348 feet. Direction: FNL Dist.: 597 feet. Direction: FEL

Sec: 29 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1251 feet. Direction: FNL Dist.: 636 feet. Direction: FEL

Sec: 29 Twp: 5S Rng: 95

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) 01/15/2009 13. Date TD: 01/16/2009 14. Date Casing Set or D&A: 01/17/2009

15. Well Classification:

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

16. Total Depth MD 1815 TVD** 1808 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:

No logs

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	55	0	180	695	0	180	CALC
SURF	12+1/4	9+5/8	36	0	1,800	409	0	1,800	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 1/17/2009. Anticipated date for resumed Drilling was going to be first quarter 2010.

1/28/09 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 1750', surface csg set @ 1800'.

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: Judith Walter

Title: Regulatory Analyst

Date: 10/15/2013

Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400535840	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400492415	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400495899	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400495904	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Return to Draft: needs cement summary on surface casing and CBL. 01/02/2014	1/2/2014 9:35:11 AM

Total: 1 comment(s)