

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2071326

**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 4. Contact Name: HEATHER MITCHELL  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3070  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18920-00 6. County: GARFIELD  
7. Well Name: N. Parachute Well Number: WF16C-21 K22 59  
8. Location: QtrQtr: NESW Section: 22 Township: 5S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/30/2010</u>	Date of First Production this formation: <u>08/30/2010</u>
Perforations Top: <u>5960</u> Bottom: <u>9297</u>	No. Holes: <u>540</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
STAGES 1-18 TREATED WITH A TOTAL OF: 119,532 BBLS OF SLICKWATER, 150,000 LBS 20-40 SAND, 30,000 LBS 30-50 SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>09/09/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1374</u> Bbls H2O: <u>1990</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1374</u> Bbls H2O: <u>1990</u> GOR: <u></u>	
Test Method: <u></u> Casing PSI: <u>2439</u> Tubing PSI: <u>1199</u> Choke Size: <u>32</u>	
Gas Disposition: <u></u> Gas Type: <u></u> BTU Gas: <u>1170</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7957</u> Tbg setting date: <u>08/26/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

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

Signed:  Print Name: HEATHER MITCHELL  
Title: REGULATORY ANALYST Date: 9/16/2010 Email HEATHER.MITCHELL@ENCANA.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:

*David S. Neslin*

Director of COGCC

Date: 1/25/2011

**Attachment Check List**

Att Doc Num	Name
2071326	FORM 5A SUBMITTED
2071327	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)