

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:
400215887

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-

5. API Number 05-045-18871-00 6. County: GARFIELD
 7. Well Name: N. Parachute Well Number: WF05D-22 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: WILLIAMS FORK Status: PRODUCING
 Treatment Date: 07/06/2011 Date of First Production this formation: 07/29/2011
 Perforations Top: 5551 Bottom: 8855 No. Holes: 300 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Stages 1-10 treated with a total of: 125,631 bbls of Slickwater.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/06/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 840 Bbls H2O: 117
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 840 Bbls H2O: 117 GOR: _____
 Test Method: FLOWING Casing PSI: 1952 Tubing PSI: 686 Choke Size: 42/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1170 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8874 Tbg setting date: 07/29/2011 Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400215890	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)