

**FORM
5**Rev
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



DE ET OE ES

Document Number:

400436866

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: Cristi Cota-Smith

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

Phone: (720) 876-3083

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4083

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20299-00

6. County: GARFIELD

7. Well Name: N. Parachute

Well Number: EF09E-27 P27595

8. Location: QtrQtr: SESE Section: 27 Township: 5S Range: 95W Meridian: 6

Footage at surface: Distance: 728 feet Direction: FSL Distance: 594 feet Direction: FEL

As Drilled Latitude: 39.579573 As Drilled Longitude: -108.033331

GPS Data:

Data of Measurement: 11/23/2011 PDOP Reading: 3.9 GPS Instrument Operator's Name: Ben Johnson

** If directional footage at Top of Prod. Zone Dist.: 1670 feet. Direction: FSL Dist.: 674 feet. Direction: FEL

Sec: 27 Twp: 5S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1652 feet. Direction: FSL Dist.: 696 feet. Direction: FEL

Sec: 27 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) 04/26/2012 13. Date TD: 07/23/2012 14. Date Casing Set or D&A: 07/23/2012

15. Well Classification:

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

16. Total Depth MD 11265 TVD** 11181 17 Plug Back Total Depth MD 11203 TVD** 11119

18. Elevations GR 6650 KB 6672

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:

RST, CBL, Mudlogs

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		0	118	349	0	118	CALC
SURF	12+1/4	9+5/8		0	1,827	430	0	1,827	CALC
1ST	8+3/4	4+1/2		0	11,251	1,735	2,200	11,251	CBL

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	
WILLIAMS FORK	6,595	10,161	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,162	11,265	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____

Print Name: Cristi L. Cota-SmithTitle: Permitting Analyst

Date: _____

Email: cristi.cota-smith@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400436950	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400436953	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
400436891	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400436871	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400436878	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400436883	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400436885	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400436954	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)