

FORM  
5

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:  
400205342

## 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: Marina Ayala  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6905  
City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19123-00 6. County: GARFIELD  
7. Well Name: Federal Well Number: 25-9 (PH25)  
8. Location: QtrQtr: SENE Section: 25 Township: 7S Range: 96W Meridian: 6  
Footage at surface: Distance: 1958 feet Direction: FNL Distance: 591 feet Direction: FEL  
As Drilled Latitude: 39.410466 As Drilled Longitude: -108.050767

GPS Data:

Data of Measurement: 03/07/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage

at Top of Prod. Zone Distance: 2339 feet Direction: FSL Distance: 649 feet Direction: FEL  
Sec: 25 Twp: 7S Rng: 96W  
at Bottom Hole Distance: 2314 feet Direction: FSL Distance: 666 feet Direction: FEL  
Sec: 25 Twp: 7S Rng: 96W

9. Field Name: PARACHUTE 10. Field Number: 67350  
11. Federal, Indian or State Lease Number: COC27825

12. Spud Date: (when the 1st bit hit the dirt) 11/05/2010 13. Date TD: 11/15/2010 14. Date Casing Set or D&A: 11/16/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6740 TVD 6583 17 Plug Back Total Depth MD 6564 TVD 6407

18. Elevations GR 6064 KB 6086 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:  
Triple Combo RST, CBL included, and Mud.

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	42	0	40	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,157	395	0	1,157	CALC
1ST	8+3/4	4+1/2	12	0	6,740	959	4,200	6,740	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,151	400	4,200	6,740

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	4,305	6,452	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,453	6,740	<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: Marina Ayala

Title: Permitting Technician Date: \_\_\_\_\_ Email: marina.ayala@encana.com

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

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400205387	LAS-TRIPLE COMBINATION
400205388	PDF-MUD
400205389	DIRECTIONAL SURVEY
400205390	CEMENT JOB SUMMARY
400205391	CEMENT JOB SUMMARY

Total Attach: 5 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)