

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



DE ET OE ES

Document Number:  
1636124

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  
2. Name of Operator: ENCANA OIL & GAS (USA) INC  
3. Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-  
4. Contact Name: RUTHANN MORSS  
Phone: (720) 876-5296  
Fax: (720) 876-6060

5. API Number 05-045-15457-00  
6. County: GARFIELD  
7. Well Name: FEDERAL SMITH  
Well Number: 21-12BB (PK-21)  
8. Location: QtrQtr: NESW Section: 21 Township: 7S Range: 95W Meridian: 6  
Footage at surface: Distance: 2117 feet Direction: FSL Distance: 2223 feet Direction: FWL  
As Drilled Latitude: 39.421600 As Drilled Longitude: -108.003510

GPS Data:

Data of Measurement: 11/17/2008 PDOP Reading: 2.3 GPS Instrument Operator's Name: ROD MOORE

\*\* If directional footage at Top of Prod. Zone Dist.: 2417 feet. Direction: FSL Dist.: 740 feet. Direction: FWL  
Sec: 21 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2401 feet. Direction: FSL Dist.: 626 feet. Direction: FWL  
Sec: 21 Twp: 7S Rng: 95W

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

12. Spud Date: (when the 1st bit hit the dirt) 08/08/2008 13. Date TD: 08/20/2008 14. Date Casing Set or D&A: 08/24/2008

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7333 TVD\*\* 7083 17 Plug Back Total Depth MD 7253 TVD\*\* 7003

18. Elevations GR 6149 KB 6163

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

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	24	16		0	40	4	0	40	CALC
SURF	12+1/4	8+5/8		0	977	405	0	1,015	CALC
1ST	7+7/8	4+1/2		0	7,300	700	4,000	7,303	CALC

**ADDITIONAL CEMENT**

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

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WASATCH	0	4,535	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,535	7,195	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,195	7,333	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: TOP GAS AT 5310'; TD IS 7333'

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

Signed: \_\_\_\_\_ Print Name: JOYCE MCGOUGH

Title: REGULATORY Date: 8/27/2009 Email: JOYCE.MCGOUGH@ENCANA.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<b>Other Attachments</b>			
1636124	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Rec'd CBL (Doc #1670155)	9/7/2011 3:13:29 PM
Permit	Requested CBL, hard copy and digital; new directional survey. Requested again on 8/26, 2011	3/3/2011 4:11:58 PM

Total: 2 comment(s)