

FORM
5Rev
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:

1636121

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: RUTHANN MORSS

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

Phone: (720) 876-5296

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6060

City: DENVER State: CO Zip: 80202-

5. API Number 05-077-09421-00

6. County: MESA

7. Well Name: FEDERAL

Well Number: 13-4 (OH14)

8. Location: QtrQtr: SENE Section: 14 Township: 8S Range: 97W Meridian: 6

Footage at surface: Distance: 1534 feet Direction: FNL Distance: 934 feet Direction: FEL

As Drilled Latitude: 39.363890 As Drilled Longitude: -108.180970

GPS Data:

Data of Measurement: 08/22/2008 PDOP Reading: 3.1 GPS Instrument Operator's Name: ROD MOORE

** If directional footage at Top of Prod. Zone Dist.: 652 feet. Direction: FNL Dist.: 546 feet. Direction: FWL

Sec: 13 Twp: 8S Rng: 97W

** If directional footage at Bottom Hole Dist.: 577 feet. Direction: FNL Dist.: 663 feet. Direction: FWL

Sec: 13 Twp: 8S Rng: 97W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC059632

12. Spud Date: (when the 1st bit hit the dirt) 06/29/2008 13. Date TD: 07/07/2008 14. Date Casing Set or D&A: 07/11/2008

15. Well Classification:

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

16. Total Depth MD 5440 TVD** 4900 17 Plug Back Total Depth MD 5362 TVD** 4822

18. Elevations GR 5306 KB 5320

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:

PEX, CBL, SONIC

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	15		0	40	4	0	40	CALC
SURF	12+1/4	8+5/8		0	1,307	539	0	1,311	CALC
1ST	7+7/8	5+1/2		0	5,411	683	1,680	5,440	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	2,199	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	2,200	3,620	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	4,753	5,009	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	5,010	5,226	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	5,227	5,440	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: TOP GAS: MEASURED DEPTH: TOP: 3621; BOTTOM: 4752; TD IS 5440'

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: 10/17/2008 Email: JOYCE.MCGOUGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2113051	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1670156	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
1636121	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Hard copies of logs rec'd 9/12/11 CBL/CBL-VDL-MAP/GR-CCL # 2203088; PE/TVD/GR #2203087; PE/AIT/GR-SP #2203086	9/16/2011 10:32:31 AM
Permit	Rec'd cement summary (Doc #2113051) and DS (Doc #1670156) No hard copy of logs rec'd. Opr notified.	9/7/2011 3:56:47 PM
Permit	Requested needed information again.	8/26/2011 1:19:11 PM
Permit	Need logs, cement tickets, new directional survey. Opr contact has changed to RuthAnn Morss @ EnCana.	3/4/2011 2:48:02 PM

Total: 4 comment(s)