

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



DE ET OE ES

Document Number:

400219911

## 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 &amp; 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 05-045-19845-00

6. County: GARFIELD

7. Well Name: SGU

Well Number: 8509C-36 B36496

8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6

Footage at surface: Distance: 804 feet Direction: FNL Distance: 1655 feet Direction: FEL

As Drilled Latitude: 39.663855 As Drilled Longitude: -108.113560

## GPS Data:

Data of Measurement: 10/18/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1671 feet. Direction: FSL Dist.: 685 feet. Direction: FEL

Sec: 36 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2041 feet. Direction: FSL Dist.: 714 feet. Direction: FEL

Sec: 36 Twp: 4S Rng: 96W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC61138

12. Spud Date: (when the 1st bit hit the dirt) 11/18/2010 13. Date TD: 04/28/2011 14. Date Casing Set or D&amp;A: 04/30/2011

## 15. Well Classification:

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

16. Total Depth MD 12472 TVD\*\* 12006 17 Plug Back Total Depth MD 12419 TVD\*\* 11953

18. Elevations GR 8352 KB 8374

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 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   | 30           | 20             | 53    | 0             | 118           | 205       | 0       | 118     |        |
| SURF        | 14+3/4       | 9+5/8          | 36    | 0             | 3,024         | 1,108     | 0       | 3,024   |        |
| 1ST         | 7+7/8        | 4+1/2          | 12    | 0             | 12,442        | 2,092     | 3,420   | 12,472  |        |

## STAGE/TOP OUT/REMEDIAL CEMENT

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

| Method used | String | Cementing tool setting/pref 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  | 8,485          | 12,327 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| ROLLINS        | 12,328         | 12,472 | <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

The subreport 'subreport3' could not be found at the specified location W:\inetpub\Net\Reports\AttachListNew.rdlc. Please

### General Comments

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

Total: 0 comment(s)