

**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:

400218707

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 05-045-19825-00

6. County: GARFIELD

7. Well Name: SGU

Well Number: 8502C-36 B36496

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

Footage at surface: Distance: 758 feet Direction: FNL Distance: 1642 feet Direction: FEL

As Drilled Latitude: 39.663989 As Drilled Longitude: -108.113519

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.: 855 feet. Direction: FNL Dist.: 2013 feet. Direction: FEL

Sec: 36 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 883 feet. Direction: FNL Dist.: 2016 feet. Direction: FEL

Sec: 36 Twp: 4S Rng: 96W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC65557

12. Spud Date: (when the 1st bit hit the dirt) 10/29/2010 13. Date TD: 02/23/2011 14. Date Casing Set or D&A: 02/25/2011

15. Well Classification:

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

16. Total Depth MD 12225 TVD** 12208 17 Plug Back Total Depth MD 12163 TVD** 12146

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, cbl 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	200	0	118	CALC
SURF	14+3/4	9+5/8	36	0	3,022	1,108	0	3,022	CALC
1ST	7+7/8	4+1/2	12	0	12,189	2,170	3,258	12,225	CBL

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	8,150	12,019	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,020	12,225	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Attached a Confidential Sundry, will send original in mail.
Thanks, Marina

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: 10/27/2011

Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400218739	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400218738	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"/>
400218744	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400218707	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400218719	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400218736	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC HARD COPY LOGS DOC#2204133-35, IN SCANNING	10/31/2011 9:18:29 AM
Permit	waiting on logs	10/27/2011 1:49:11 PM

Total: 2 comment(s)