

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:
400254637

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: Erin Hochstetler
Phone: (720) 876-5827
Fax:

5. API Number 05-045-20642-00
6. County: GARFIELD
7. Well Name: SG
Well Number: 8503D-22 N22496
8. Location: QtrQtr: 5 Section: 22 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 1338 feet Direction: FSL Distance: 2017 feet Direction: FWL
As Drilled Latitude: 39.684236 As Drilled Longitude: -108.156976

GPS Data:
Date of Measurement: 08/31/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1044 feet. Direction: FNL Dist.: 1330 feet. Direction: FWL
Sec: 22 Twp: 4S Rng: 96W
** If directional footage at Bottom Hole Dist.: 1021 feet. Direction: FNL Dist.: 1281 feet. Direction: FWL
Sec: 22 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: COC64814

12. Spud Date: (when the 1st bit hit the dirt) 09/08/2011 13. Date TD: 09/26/2011 14. Date Casing Set or D&A: 09/28/2011

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

16. Total Depth MD 11871 TVD** 11240 17 Plug Back Total Depth MD 11826 TVD** 11195

18. Elevations GR 7585 KB 7607
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:
CBL, RST, 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	273	0	118	CALC
SURF	14+3/4	9+5/8	36	0	2,090	854	0	2,090	CALC
2ND	7+7/8	4+1/2	12	0	11,851	1,810	1,226	11,851	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	7,933	11,789	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,790	11,871	<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: Erin Hochstetler

Title: Permitting Technician Date: _____ Email: erin.hochstetler@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400254649	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400254650	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
0	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400254641	PDS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400254659	PDS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400254665	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)