

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

400281605

Date Received:

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 05-045-20651-00 6. County: GARFIELD  
 7. Well Name: SG Well Number: 8506B-22 N22496  
 8. Location: QtrQtr: SESW Section: 22 Township: 4S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1305 feet Direction: FSL Distance: 2003 feet Direction: FWL  
 As Drilled Latitude: 39.684141 As Drilled Longitude: -108.157028

GPS Data:

Date of Measurement: 08/31/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brian Baker

\*\* If directional footage at Top of Prod. Zone Dist.: 1853 feet. Direction: FNL Dist.: 1355 feet. Direction: FWL  
 Sec: 22 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1845 feet. Direction: FNL Dist.: 1302 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) 11/15/2011 13. Date TD: 12/02/2011 14. Date Casing Set or D&A: 12/03/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11661 TVD\*\* 11304 17 Plug Back Total Depth MD 11616 TVD\*\* 11259

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:

RST, CBL (included in 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           | 160       | 0       | 118     | CALC   |
| SURF        | 14+3/4       | 9+5/8          | 36    | 0             | 2,096         | 755       | 0       | 2,115   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 11,641        | 1,783     | 5,582   | 11,661  | 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  | 7,650          | 11,553 | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 11,554         | 11,661 | <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

**Attachment Check List**

| Att Doc Num                        | Document Name          | attached ?                              |  |
|------------------------------------|------------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                        |   |  |
| 400281617                          | CMT Summary *          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | Core Analysis          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400281615                          | 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"/> |
| <b><u>Other Attachments</u></b>    |                        |   |  |
| 400281616                          | DIRECTIONAL DATA       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400281620                          | PDF-MUD                | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400281622                          | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

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

Total: 0 comment(s)