

FORM  
5Rev  
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:

400265784

Date Received:

03/28/2012

## 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 05-045-19820-00

6. County: GARFIELD

7. Well Name: SGU

Well Number: 8506B-36 B36496

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

Footage at surface: Distance: 783 feet Direction: FNL Distance: 1654 feet Direction: FEL

As Drilled Latitude: 39.663915 As Drilled Longitude: -108.113561

## 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.: 1984 feet. Direction: FNL Dist.: 2015 feet. Direction: FWL

Sec: 36 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2034 feet. Direction: FNL Dist.: 1957 feet. Direction: FWL

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) 11/11/2010 13. Date TD: 04/07/2011 14. Date Casing Set or D&amp;A: 04/09/2011

## 15. Well Classification:

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

16. Total Depth MD 12357 TVD\*\* 12079 17 Plug Back Total Depth MD 12302 TVD\*\* 12024

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:

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	52	0	118	200	0	118	CALC
SURF	14+3/4	9+5/8	36	0	3,032	1,108	0	3,032	CALC
1ST	7+7/8	4+1/2	11.6	0	12,326	2,057	3,845	12,357	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	8,232	12,158	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,159	12,357	<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: 3/28/2012 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400265882	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400265855	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>					
400265784	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400265795	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400265796	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400265812	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400265856	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)