

**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:  
400283510

Date Received:  
05/10/2012

**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 & 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 05-045-20215-00 6. County: GARFIELD  
 7. Well Name: Federal Well Number: 28-5 (PL28)  
 8. Location: QtrQtr: NWSW Section: 28 Township: 7S Range: 95W Meridian: 6  
 Footage at surface: Distance: 2126 feet Direction: FSL Distance: 756 feet Direction: FWL  
 As Drilled Latitude: 39.406992 As Drilled Longitude: -108.008933

GPS Data:  
 Date of Measurement: 09/23/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 2203 feet. Direction: FNL Dist.: 668 feet. Direction: FWL

Sec: 28 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2212 feet. Direction: FNL Dist.: 589 feet. Direction: FWL

Sec: 28 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC011523

12. Spud Date: (when the 1st bit hit the dirt) 10/13/2011 13. Date TD: 11/06/2011 14. Date Casing Set or D&A: 11/09/2011

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

16. Total Depth MD 8095 TVD\*\* 7988 17 Plug Back Total Depth MD 8024 TVD\*\* 7917

18. Elevations GR 7161 KB 7183 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, IBC 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	26	16	42	0	40	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,259	403	0	1,280	CALC
1ST	8+3/4	4+1/2	11.6	0	8,071	605	4,090	8,095	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	
MESAVERDE	5,033	5,768	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,769	7,908	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,909	8,095	<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: 5/10/2012 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400283515	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400283512	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>Other Attachments</b>			
400283510	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400283514	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400283520	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400283522	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400283524	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)