

Document Number:  
400314411

Date Received:  
08/09/2012

**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 05-045-19814-00 6. County: GARFIELD  
 7. Well Name: SGU Well Number: 8502E-25F25496  
 8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2233 feet Direction: FNL Distance: 2011 feet Direction: FWL  
 As Drilled Latitude: 39.674436 As Drilled Longitude: -108.119412

GPS Data:  
 Date of Measurement: 11/16/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 924 feet. Direction: FNL Dist.: 2015 feet. Direction: FEL  
 Sec: 25 Twp: 4S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 917 feet. Direction: FNL Dist.: 2032 feet. Direction: FEL  
 Sec: 25 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999  
 11. Federal, Indian or State Lease Number: COC61136

12. Spud Date: (when the 1st bit hit the dirt) 02/01/2011 13. Date TD: 07/14/2011 14. Date Casing Set or D&A: 07/14/2011

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

16. Total Depth MD 12642 TVD\*\* 12423 17 Plug Back Total Depth MD 12597 TVD\*\* 12378

18. Elevations GR 8298 KB 8320  
 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	120	207	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,022	1,127	0	3,050	CALC
1ST	8+3/4	4+1/2	11.6	0	12,618	2,409	2,570	12,642	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	8,574	12,495	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,496	12,642	<input type="checkbox"/>	<input checked="" 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: 8/9/2012 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400314444	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400314446	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>			
400314411	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314417	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314418	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314449	DIRECTIONAL DATA	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)