

**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



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Document Number:  
400306737

Date Received:  
07/18/2012

**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 05-045-19767-00 6. County: GARFIELD  
 7. Well Name: SGU Well Number: 8515E-24 F25 49  
 8. Location: QtrQtr: SEnw Section: 25 Township: 4S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2216 feet Direction: FNL Distance: 2024 feet Direction: FWL  
 As Drilled Latitude: 39.674482 As Drilled Longitude: -108.119373

GPS Data:  
 Date of Measurement: 11/16/2011 PDOP Reading: 2.9 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 128 feet. Direction: FSL Dist.: 2010 feet. Direction: FEL

Sec: 25 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 203 feet. Direction: FSL Dist.: 1964 feet. Direction: FEL

Sec: 24 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) 02/10/2011 13. Date TD: 08/01/2011 14. Date Casing Set or D&A: 08/02/2011

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

16. Total Depth MD 12910 TVD\*\* 12499 17 Plug Back Total Depth MD 12861 TVD\*\* 12450

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	987	0	3,022	CALC
1ST	8+3/4	4+1/2	11.6	0	12,885	2,497	5,770	12,910	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	8,857	12,776	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,777	12,910	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is for the SGU 8215E-24 F25 496, I changed the well name on form to the correct name . The API number on the COGCC is still pulling the old Well which was SGU 8516D-24 F25 496. A Sundry was submitted with the name change on 12/8/10 and was approved by the COGCC on 1/7/11.

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: 7/18/2012 Email: marina.ayala@encana.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400306769	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400306768	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>			
400306737	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306756	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306757	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306770	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)