

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:

400326626

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  
2. Name of Operator: ENCANA OIL & GAS (USA) INC  
3. Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-  
4. Contact Name: Marina Ayala  
Phone: (720) 876-5905  
Fax: (720) 876-6905

5. API Number 05-045-20435-00  
6. County: GARFIELD  
7. Well Name: DW  
Well Number: 8603F-33 P28496  
8. Location: QtrQtr: SESE Section: 28 Township: 4S Range: 96W Meridian: 6  
Footage at surface: Distance: 564 feet Direction: FSL Distance: 453 feet Direction: FEL  
As Drilled Latitude: 39.667609 As Drilled Longitude: -108.165746

GPS Data:  
Date of Measurement: 12/12/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1184 feet. Direction: FNL Dist.: 1495 feet. Direction: FWL  
Sec: 33 Twp: 4S Rng: 96W  
\*\* If directional footage at Bottom Hole Dist.: 1274 feet. Direction: FNL Dist.: 1305 feet. Direction: FWL  
Sec: 33 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999  
11. Federal, Indian or State Lease Number: COC65556

12. Spud Date: (when the 1st bit hit the dirt) 07/14/2011 13. Date TD: 09/22/2011 14. Date Casing Set or D&A: 09/23/2011

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

16. Total Depth MD 11673 TVD\*\* 10584 17 Plug Back Total Depth MD 11618 TVD\*\* 10529

18. Elevations GR 7791 KB 7813  
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, CBI (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	239	0	118	CALC
SURF	14+3/4	9+5/8	36	0	2,097	717	0	2,127	CALC
1ST	8+7/8	4+1/2	11.6	0	11,643	1,762	4,898	11,673	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	7,812	11,548	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,549	11,673	<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>			
400326636	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400326634	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>			
400326630	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400326631	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400326635	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)