

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:

400382917

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 4. Contact Name: RUTHANN MORSS  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5060  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6060  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-14729-00 6. County: GARFIELD  
 7. Well Name: MAP LLC Well Number: 11-12BB (PK11)  
 8. Location: QtrQtr: NESW Section: 11 Township: 7S Range: 95W Meridian: 6  
 Footage at surface: Distance: 2078 feet Direction: FSL Distance: 1820 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:

Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: 2360 feet. Direction: FSL Dist.: 675 feet. Direction: FWL

Sec: 11 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2325 feet. Direction: FSL Dist.: 638 feet. Direction: FWL

Sec: 11 Twp: 7D Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 02/02/2008 13. Date TD: 02/13/2008 14. Date Casing Set or D&A: 02/16/2008

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7973 TVD\*\* 7838 17 Plug Back Total Depth MD 7917 TVD\*\* 7782

18. Elevations GR 6376 KB 6391 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:

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	24	16		0	40	90	0	40	
SURF	12+1/4	9+5/8		0	935	505	0	935	
1ST	7+7/8	4+1/2		0	7,963	820	4,681	7,963	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/12/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	3,300	100		
SQUEEZE	1ST	2,289	200		

Details of work:

1. SHOT PERF HOLES @ 3300'. SET 4.5" RETAINER @ 3150', ESTABLISHED INJECTION RATE.
2. PUMPED 100 SX G NEAT
3. RAN 3.70 GAUGE RING TO 2310;. PERF 4 HOLES @ 2289'. SET RETAINER @ 2108'.
4. PUMPED 100 SX G NEAT. D/O RETAINER @ 2108'. TAGGED CEMENT @ 2160'. D/O CEMENT FROM 2160' - 2320', CIRC CLEAN
5. PRESSURE TESTED SQZ HOLE AND CASING LEAK TO 500 PSI. DROPPED TO 150 PSI IN 5 MIN.
6. PUMPED 50 SX G NEAT DOWN TBG, SQUEEZING CEMENT INTO HOLES AND CASING LEAK @ 2289'. CEMENT WOULDN'T SET UP.
7. TIH WITH TUBING TO 2293.97' AND SPOT 50 SX G NEAT CEMENT. PRESSURE UP ON SQZ. PUMPED 3.3 BBLS CEMENT INTO THE PERFS/LEAK LEAVING 6.7 BBLS CEMENT IN CASING.
8. D/O CEMENT AND PRESSURE TESTED CASING AND SQZ TO 500 PSI. TEST GOOD.
9. RAN CBL FROM 5538' - 1000'.
10. D/O BRIDGE PLUG AND CLEANED OUT WELLBORE WITH N2 UNIT TO PBTD.

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	
			<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: RUTHANN MORSS

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: RUTHANN.MORSS@ENCANA.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400383003	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400383006	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)