

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:

400383949

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 05-045-21619-00  
6. County: GARFIELD  
7. Well Name: Shideler Fee  
Well Number: 31-11A (K31E)  
8. Location: QtrQtr: NESW Section: 31 Township: 7S Range: 92W Meridian: 6  
Footage at surface: Distance: 2184 feet Direction: FSL Distance: 1419 feet Direction: FWL  
As Drilled Latitude: 39.401768 As Drilled Longitude: -107.708977

GPS Data:  
Date of Measurement: 08/02/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 2307 feet. Direction: FSL Dist.: 1983 feet. Direction: FWL  
Sec: 31 Twp: 7S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 2315 feet. Direction: FSL Dist.: 2011 feet. Direction: FWL  
Sec: 31 Twp: 7S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/21/2012 13. Date TD: 09/29/2012 14. Date Casing Set or D&A: 09/30/2012

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

16. Total Depth MD 8300 TVD\*\* 8268 17 Plug Back Total Depth MD 8205 TVD\*\* 8173

18. Elevations GR 6899 KB 6921  
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 Neutron Log) 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	22	40	CALC
SURF	12+1/4	9+5/8	36	0	1,537	480	22	1,537	CALC
1ST	7+7/8	4+1/2	11.6	0	8,268	924	3,930	8,300	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	
MESAVERDE	4,578	5,287	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,288	8,122	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,123	8,300	<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>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400383963	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400383964	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400384004	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400384006	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)