

FORM  
5Rev  
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
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Document Number:

400390612

Date Received:

03/13/2013

## 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: Sheilla Reed-High

2. Name of Operator: ENCANA OIL &amp; GAS (USA) INC

Phone: (720) 876-3678

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4678

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-33124-00

6. County: WELD

7. Well Name: OSKARSON

Well Number: 4-6-33

8. Location: QtrQtr: SWSW Section: 33 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 942 feet Direction: FSL Distance: 1021 feet Direction: FWL

As Drilled Latitude: 40.090241 As Drilled Longitude: -105.014054

## GPS Data:

Data of Measurement: 09/20/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 1387 feet. Direction: FSL Dist.: 2597 feet. Direction: FWL

Sec: 33 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 1387 feet. Direction: FSL Dist.: 2604 feet. Direction: FWL

Sec: 33 Twp: 2N Rng: 68W

9. Field Name: SPINDLE

10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/03/2012 13. Date TD: 08/09/2012 14. Date Casing Set or D&amp;A: 08/10/2012

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8500 TVD\*\* 8234 17 Plug Back Total Depth MD 8435 TVD\*\* 8169

18. Elevations GR 4986 KB 4999

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:

CBL, Dual Ind/Compensated Density/Compensated Neutron

## 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
SURF	12+1/4	8+5/8		0	881	330	0	891	CALC
1ST	7+7/8	4+1/2		0	8,488	720	3,400	8,500	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	
SUSSEX	4,675		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,632		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,939		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,372		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Revised Form 5 Document # 400390612 from the original Form 5 Document # 400341538.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Sheilla Reed-High

Title: Drilling and Compl. Tech. Date: 3/13/2013 Email: sheilla.reedhigh@Encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400390675	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400390674	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"/>
<u>Other Attachments</u>					
400390612	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400390671	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400390683	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400390689	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400390691	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400390698	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Operator submitted Revised Form 5 Document # 400390612 with attachments for the correct well. The original Form 5 Document # 400341538 that was deleted.	4/3/2013 1:39:46 PM

Total: 1 comment(s)