

**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:

400414880

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: 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 05-045-21745-00

6. County: GARFIELD

7. Well Name: Shideler Fee

Well Number: 6-6A (O31E)

8. Location: QtrQtr: SWSE Section: 31 Township: 7S Range: 92W Meridian: 6

Footage at surface: Distance: 182 feet Direction: FSL Distance: 2048 feet Direction: FEL

As Drilled Latitude: 39.396273 As Drilled Longitude: -107.706226

GPS Data:

Data of Measurement: 11/12/2012 PDOP Reading: 4.4 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1624 feet. Direction: FNL Dist.: 2483 feet. Direction: FEL

Sec: 6 Twp: 8S Rng: 92W

** If directional footage at Bottom Hole Dist.: 1637 feet. Direction: FNL Dist.: 2456 feet. Direction: FEL

Sec: 6 Twp: 8S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC55972X

12. Spud Date: (when the 1st bit hit the dirt) 11/27/2012 13. Date TD: 01/06/2013 14. Date Casing Set or D&A: 01/10/2013

15. Well Classification:

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

16. Total Depth MD 9922 TVD** 9625 17 Plug Back Total Depth MD 9751 TVD** 9454

18. Elevations GR 7107 KB 7129

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:

Neutron Log (includes RST, CBL) 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	82	0	22	82	CALC
SURF	12+1/4	9+5/8	36.00	0	1,458	460	22	1,458	CALC
1ST	7+7/8	4+1/2	11.60	0	9,905	1,155	5,260	9,922	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	5,182	5,773	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,774	8,701	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,702	9,245	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,246	9,922	<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 ?			
<u>Attachment Checklist</u>					
400414891	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400414888	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>					
400414882	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414883	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414890	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)