

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:

400422262

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: Cristi Cota-Smith

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

Phone: (720) 876-3083

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4083

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21741-00

6. County: GARFIELD

7. Well Name: Shideler Fee

Well Number: 6-3A (O31E)

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

Footage at surface: Distance: 176 feet Direction: FSL Distance: 2071 feet Direction: FEL

As Drilled Latitude: 39.396261 As Drilled Longitude: -107.706307

GPS Data:

Data of Measurement: 11/12/2012 PDOP Reading: 4.7 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 34 feet. Direction: FNL Dist.: 2346 feet. Direction: FEL

Sec: 31 Twp: 7S Rng: 92W

** If directional footage at Bottom Hole Dist.: 31 feet. Direction: FNL Dist.: 2337 feet. Direction: FEL

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) 11/24/2012 13. Date TD: 01/24/2013 14. Date Casing Set or D&A: 01/26/2013

15. Well Classification:

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

16. Total Depth MD 8530 TVD** 8520 17 Plug Back Total Depth MD 8394 TVD** 8384

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:

CBL, RST, Mudlog

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	42.09	0	82	114	0	82	CALC
SURF	12+1/4	9+5/8	36	0	1,040	344	82	1,055	CALC
1ST	8+3/4	4+1/2	11.6	0	8,530	586	1,055	6,890	CBL
1ST TAPER	7+7/8	4+1/2	11.6	0	8,530	341	6,890	8,530	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	5,122	8,299	<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: Cristi L. Cota-Smith

Title: Permitting Analyst Date: _____ Email: cristi.cota-smith@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400422296	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400422298	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"/>
400422299	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400422280	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400422291	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400422327	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)