

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

Document Number:

400423595

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 05-045-21743-00

6. County: GARFIELD

7. Well Name: Shideler Fee

Well Number: 6-3D (O31E)

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

Footage at surface: Distance: 184 feet Direction: FSL Distance: 2059 feet Direction: FEL

As Drilled Latitude: 39.396281 As Drilled Longitude: -107.706263

GPS Data:

Data of Measurement: 11/12/2012 PDOP Reading: 4.5 GPS Instrument Operator's Name: B.BIRDSALL

** If directional footage at Top of Prod. Zone Dist.: 773 feet. Direction: FNL Dist.: 2493 feet. Direction: FEL

Sec: 6 Twp: 8S Rng: 92W

** If directional footage at Bottom Hole Dist.: 792 feet. Direction: FNL Dist.: 2503 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:

12. Spud Date: (when the 1st bit hit the dirt) 11/26/2012 13. Date TD: 01/13/2013 14. Date Casing Set or D&A: 01/15/2013

15. Well Classification:

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

16. Total Depth MD 8678 TVD** 8583 17 Plug Back Total Depth MD 8521 TVD** 8426

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:

RST,CBL

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	1,039	344	0	1,039	CALC
1ST	7+7/8	4+1/2	11.6	0	8,660	943	5,000	8,678	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	4,927	8,421	<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 ?			
<u>Attachment Checklist</u>					
400423640	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400423639	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"/>
400423641	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400423626	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400423637	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400423648	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

--	--	--

Total: 0 comment(s)