

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:

400434402

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 05-045-20644-00 6. County: GARFIELD  
 7. Well Name: SG Well Number: 8508E-21 N22496  
 8. Location: QtrQtr: SESW Section: 22 Township: 4S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1264 feet Direction: FSL Distance: 1977 feet Direction: FWL  
 As Drilled Latitude: 39.684031 As Drilled Longitude: -108.157114

GPS Data:

Date of Measurement: 08/31/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brian Baker

\*\* If directional footage at Top of Prod. Zone Dist.: 2600 feet. Direction: FNL Dist.: 1155 feet. Direction: FEL

Sec: 21 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2563 feet. Direction: FNL Dist.: 1325 feet. Direction: FEL

Sec: 21 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999  
 11. Federal, Indian or State Lease Number: COC64815

12. Spud Date: (when the 1st bit hit the dirt) 11/02/2011 13. Date TD: 01/31/2012 14. Date Casing Set or D&A: 01/31/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11870 TVD\*\* 11018 17 Plug Back Total Depth MD 11867 TVD\*\* 11016

18. Elevations GR 7585 KB 7607 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:

Mudlogs, 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	30	20		0	118	160	0	118	CALC
SURF	14+3/4	9+5/8		0	2,127	750	0	2,127	CALC
1ST	7+7/8	4+1/2		0	11,891	1,806	900	11,891	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	7,970	11,844	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,845	11,915	<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 ?	
<b><u>Attachment Checklist</u></b>			
400434454	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400434450	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"/>
400434455	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400434410	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400434412	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400434460	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)