

**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:

400433959

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 &amp; 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 05-045-20647-00

6. County: GARFIELD

7. Well Name: SG

Well Number: 8509A-21 N22496

8. Location: QtrQtr: SESW Section: 22 Township: 4S Range: 96W Meridian: 6

Footage at surface: Distance: 1256 feet Direction: FSL Distance: 1973 feet Direction: FWL

As Drilled Latitude: 39.684010 As Drilled Longitude: -108.157119

## 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.: 2420 feet. Direction: FSL Dist.: 1162 feet. Direction: FEL

Sec: 21 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2442 feet. Direction: FSL Dist.: 1334 feet. Direction: FEL

Sec: 21 Twp: 4S Rng: 96W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC062562

12. Spud Date: (when the 1st bit hit the dirt) 10/31/2011 13. Date TD: 02/24/2012 14. Date Casing Set or D&amp;A: 02/25/2012

## 15. Well Classification:

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

16. Total Depth MD 11864 TVD\*\* 11045 17 Plug Back Total Depth MD 11820 TVD\*\* 11001

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 and 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	200	0	118	CALC
SURF	14+3/4	9+5/8		0	2,123	755	0	2,123	CALC
1ST	7+7/8	4+1/2		0	11,844	1,963	900	11,844	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	7,948	11,816	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,817	11,863	<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-SmithTitle: Permitting Analyst

Date: \_\_\_\_\_

Email: cristi.cota-smith@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400434055	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400434063	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"/>
400434053	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400434052	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400434074	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400435375	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)