

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:

400441667

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: 10442

4. Contact Name: Judith Walter

2. Name of Operator: HUNTER RIDGE ENERGY SERVICES LLC

Phone: (720) 876-3702

3. Address: 370 17TH STREET #1700

Fax: (720) 876-4702

City: DENVER State: CO Zip: 80202

5. API Number 05-045-21857-00

6. County: GARFIELD

7. Well Name: SG

Well Number: WD01D-30 N30495

8. Location: QtrQtr: NESW Section: 30 Township: 4S Range: 95W Meridian: 6

Footage at surface: Distance: 1477 feet Direction: FSL Distance: 2126 feet Direction: FWL

As Drilled Latitude: 39.670132 As Drilled Longitude: -108.100119

GPS Data:

Date of Measurement: 02/08/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1457 feet. Direction: FNL Dist.: 538 feet. Direction: FEL
Sec: 30 Twp: 4S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1044 feet. Direction: FNL Dist.: 70 feet. Direction: FEL
Sec: 30 Twp: 4S Rng: 95W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC64805

12. Spud Date: (when the 1st bit hit the dirt) 04/01/2013 13. Date TD: 04/08/2013 14. Date Casing Set or D&A: 04/10/2013

15. Well Classification:

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

16. Total Depth MD 9844 TVD** 8698 17 Plug Back Total Depth MD 9791 TVD** 8645

18. Elevations GR 8308 KB 8330

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:

Mud, CBL, RST and PSP

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	120	0	118	CALC
SURF	14+3/4	9+5/8		0	3,022	1,089	0	3,022	CALC
1ST	8+3/4	5+1/2		0	9,818	1,597	4,250	9,844	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	
WASATCH	3,907	9,844	<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: Judith Walter

Title: Regulatory Analyst

Date: _____

Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400441681	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400441680	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>					
400441674	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400441675	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400441686	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)