

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



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Document Number:
400453477

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 05-045-20640-00 6. County: GARFIELD
 7. Well Name: SG Well Number: 8508D-21 N22496
 8. Location: QtrQtr: SESW Section: 22 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 1282 feet Direction: FSL Distance: 1984 feet Direction: FWL
 As Drilled Latitude: 39.684071 As Drilled Longitude: -108.157093

GPS Data:
 Date of Measurement: 08/31/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 2324 feet. Direction: FNL Dist.: 1156 feet. Direction: FEL

Sec: 21 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2282 feet. Direction: FNL Dist.: 1308 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) 11/08/2011 13. Date TD: 11/21/2012 14. Date Casing Set or D&A: 01/22/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11939 TVD** 11018 17 Plug Back Total Depth MD 11940 TVD** 11019

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:
CBL, Mudlogs

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	52.78	0	118	200	0	118	CALC
SURF	14+3/4	9+5/8	36	0	2,096	754	0	2,096	CALC
1ST	8+3/4	4+1/2	11.6	0	11,964	1,818	2,200	11,964	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	8,053	11,852	<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 ?	
Attachment Checklist			
400453733	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400453730	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"/>
400453532	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400453486	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400453508	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400453736	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)