

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:

400343938

Date Received:

11/06/2012

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  
2. Name of Operator: ENCANA OIL & GAS (USA) INC  
3. Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-  
4. Contact Name: Marina Ayala  
Phone: (720) 876-5905  
Fax: (720) 876-6905

5. API Number 05-045-21194-00  
6. County: GARFIELD  
7. Well Name: Federal  
Well Number: 29-6B (PF-29)  
8. Location: QtrQtr: SENW Section: 29 Township: 7S Range: 95W Meridian: 6  
Footage at surface: Distance: 1862 feet Direction: FNL Distance: 1559 feet Direction: FWL  
As Drilled Latitude: 39.410558 As Drilled Longitude: -108.024703

GPS Data:

Date of Measurement: 05/07/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 2265 feet. Direction: FNL Dist.: 1546 feet. Direction: FWL  
Sec: 29 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2283 feet. Direction: FNL Dist.: 1522 feet. Direction: FWL  
Sec: 29 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350  
11. Federal, Indian or State Lease Number: COC01523

12. Spud Date: (when the 1st bit hit the dirt) 05/22/2012 13. Date TD: 06/06/2012 14. Date Casing Set or D&A: 06/07/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6800 TVD\*\* 6768 17 Plug Back Total Depth MD 6800 TVD\*\* 6768

18. Elevations GR 6036 KB 6056

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, PEX (included in Neutron Log) and Mud, 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	0	40	40	0	40	VISU
SURF	12+1/4	9+5/8	36	0	1,067	356	0	1,067	CALC
1ST	7+7/8	4+1/2	11.6	0	6,770	652	3,100	6,800	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	3,765	6,651	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,652	6,800	<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: Marina Ayala

Title: Permitting Technician Date: 11/6/2012 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400343967	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400343963	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"/>
<b><u>Other Attachments</u></b>			
400343938	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400343943	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400343958	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400343966	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	PDF of CBL sub. 11/21/12; doc #700094769 in well file. Digital logs uploaded with this form.	3/22/2013 8:12:29 AM
Permit	Requesting paper cbl plus all digital logs. [requesting again. 1/11/13 dhs]	12/7/2012 11:19:17 AM

Total: 2 comment(s)