

**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 |
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Document Number:

400500022

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: <u>100185</u>                     | 4. Contact Name: <u>Kelly Hamden</u> |
| 2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u> | Phone: <u>(720) 876-5185</u>         |
| 3. Address: <u>370 17TH ST STE 1700</u>                    | Fax: <u>(720) 876-6185</u>           |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>    |                                      |

|   |                                   |
|---|-----------------------------------|
| 5. API Number <u>05-045-22050-00</u>  | 6. County: <u>GARFIELD</u>        |
| 7. Well Name: <u>Hagen Clem</u>   | Well Number: <u>15-10C (PC22)</u> |
| 8. Location:    QtrQtr: <u>NENW</u> Section: <u>22</u> Township: <u>7S</u> Range: <u>95W</u> Meridian: <u>6</u>               |                                   |
| Footage at surface:    Distance: <u>596</u> feet    Direction: <u>FNL</u> Distance: <u>1762</u> feet    Direction: <u>FWL</u> |                                   |
| As Drilled Latitude: <u>39.428648</u> As Drilled Longitude: <u>-107.986515</u>  |                                   |

**GPS Data:**

Data of Measurement: 06/03/2013    PDOP Reading: 2.2    GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone    Dist.: 1492 feet. Direction: FSL    Dist.: 2464 feet. Direction: FEL

Sec: 15    Twp: 7S    Rng: 95W

\*\* If directional footage at Bottom Hole    Dist.: 1492 feet. Direction: FSL    Dist.: 2464 feet. Direction: FEL

Sec: 15    Twp: 7S    Rng: 95W

|  |                                |
|--|--------------------------------|
| 9. Field Name: <u>PARACHUTE</u>                  | 10. Field Number: <u>67350</u> |
| 11. Federal, Indian or State Lease Number: _____ |                                |

|  |                                |   |
|--|--------------------------------|---|
| 12. Spud Date: (when the 1st bit hit the dirt) <u>06/11/2013</u> | 13. Date TD: <u>07/29/2013</u> | 14. Date Casing Set or D&A: <u>07/30/2013</u> |
|--|--------------------------------|---|

**15. Well Classification:**

Dry     Oil     Gas/Coalbed     Disposal     Stratigraphic     Enhanced Recovery     Storage     Observation

|   |  |
|---|--|
| 16. Total Depth    MD <u>8409</u> TVD** <u>7897</u> | 17 Plug Back Total Depth    MD <u>8387</u> TVD** <u>7875</u> |
|---|--|

|   |  |
|---|--|
| 18. Elevations    GR <u>6530</u> KB <u>6552</u> | 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, RST, Mud logs

**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             | 42.09 | 0             | 82            | 114       | 0       | 82      | CALC   |
| SURF        | 12+1/4       | 9+5/8          | 36.0  | 0             | 1,321         | 469       | 0       | 1,321   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 8,387         | 878       | 3,474   | 8,365   | 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                    |   |
|                |                |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

This well is waiting on completion; thus, the Top of the Production Zone and Bottom Hole locations are the permitted locations. In addition, the Plug Back Total Depths are an estimate based upon the Production casing depth.

\*Please note: The surface cement report will be submitted with the Final Drilling Report.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Kelly Hamden

Title: Permitting Analyst Date: \_\_\_\_\_ Email: Kelly.Hamden@encana.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
|                             | CMT Summary *         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400500063                   | 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"/>            |
| 400500023                   | Other                 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| <b>Other Attachments</b>    |                       |   |  |
| 400500066                   | LAS-CBL 1ST RUN       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400500077                   | LAS-CBL 2ND RUN       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400500080                   | LAS-MUD               | 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)