

**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:

400503054

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: Kelly Hamden

2. Name of Operator: ENCANA OIL &amp; GAS (USA) INC

Phone: (720) 876-5185

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6185

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21331-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: 21-1C (PH-21)

8. Location: QtrQtr: SENE Section: 21 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 1623 feet Direction: FNL Distance: 760 feet Direction: FEL

As Drilled Latitude: 39.425945 As Drilled Longitude: -107.995409

## GPS Data:

Data of Measurement: 03/24/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1199 feet. Direction: FNL Dist.: 1307 feet. Direction: FEL

Sec: 21 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1206 feet. Direction: FNL Dist.: 1322 feet. Direction: FEL

Sec: 21 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC-01523

12. Spud Date: (when the 1st bit hit the dirt) 04/01/2013 13. Date TD: 05/21/2013 14. Date Casing Set or D&amp;A: 05/22/2013

## 15. Well Classification:

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

16. Total Depth MD 7495 TVD\*\* 7442 17 Plug Back Total Depth MD 7463 TVD\*\* 7411

18. Elevations GR 6305 KB 6327

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             | 1,016         | 344       | 0       | 1,050   | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 7,465         | 628       | 3,569   | 7,464   | 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                    |   |
| MESAVERDE      | 3,986          | 4,559  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| WILLIAMS FORK  | 4,559          | 7,237  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 7,237          | 7,495  | <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: Kelly Hamden

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

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400503095                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400503094                   | 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"/>            |
| 400503055                   | Other                 | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 400503091                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400503096                   | LAS-CBL 1ST RUN       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400503106                   | LAS-CBL 2ND RUN       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400503107                   | LAS-MUD               | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)