

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
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: Kelly Hamden
Phone: (720) 876-5185
Fax: (720) 876-6185

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:

Date 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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)