

Document Number:
400433176

Date Received:
06/17/2013

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 05-045-20641-00 6. County: GARFIELD
 7. Well Name: SG Well Number: 8511A-22 N22496
 8. Location: QtrQtr: 5 Section: 22 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 1253 feet Direction: FSL Distance: 1981 feet Direction: FWL
 As Drilled Latitude: 39.683996 As Drilled Longitude: -108.157098

GPS Data:
 Date of Measurement: 08/31/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 2380 feet. Direction: FSL Dist.: 1354 feet. Direction: FWL
 Sec: 22 Twp: 4S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 2372 feet. Direction: FSL Dist.: 1299 feet. Direction: FWL
 Sec: 22 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: COC64814

12. Spud Date: (when the 1st bit hit the dirt) 10/28/2011 13. Date TD: 02/15/2012 14. Date Casing Set or D&A: 02/15/2012

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

16. Total Depth MD 11244 TVD** 11119 17 Plug Back Total Depth MD 11245 TVD** 11120

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:

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		0	118	160	0	118	CALC
SURF	14+3/4	9+5/8		0	2,128	750	0	2,128	CALC
1ST	8+3/4	4+1/2		0	11,269	1,897	1,750	11,289	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	7,367	11,193	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,194	11,289	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CBL pdf requested-- submitted under Attachments.

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: 6/17/2013 Email: cristi.cota-smith@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400433190	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400433188	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"/>
400433191	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400433176	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400433187	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400433192	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400434806	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Pending: requested pdf of cbl. Corrected MD, TVD, PBSD PBTVD as per operator. Return to Draft for pdf of cbl 11/25/13.	10/11/2013 10:15:00 AM

Total: 1 comment(s)