

FORM
5Rev
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



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| DE | ET | OE | ES |
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Document Number:

400546487

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 & 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 05-045-21899-00

6. County: GARFIELD

7. Well Name: SG

Well Number: 8514D-34 E34496

8. Location: QtrQtr: SWNW Section: 34 Township: 4S Range: 96W Meridian: 6

Footage at surface: Distance: 2340 feet Direction: FNL Distance: 986 feet Direction: FWL

As Drilled Latitude: 39.659638 As Drilled Longitude: -108.160630

GPS Data:

Data of Measurement: 07/09/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: Travis Murphy

** If directional footage at Top of Prod. Zone Dist.: 461 feet. Direction: FSL Dist.: 1341 feet. Direction: FWL

Sec: 34 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 461 feet. Direction: FSL Dist.: 1341 feet. Direction: FWL

Sec: 34 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC69557

12. Spud Date: (when the 1st bit hit the dirt) 10/21/2013 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 2803 TVD** 2643 17 Plug Back Total Depth MD 0 TVD** 0

18. Elevations GR 8323 KB 8353

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:

No logs ran

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 | 52.78 | 0 | 150 | 125 | 0 | 150 | CALC |
| SURF | 14+3/4 | 9+5/8 | 36.0 | 0 | 2,964 | 1,150 | 0 | 2,979 | CALC |

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:

Encana has suspended operations on the E34 496 Pad due to change in rig availability and operational economics. We intend to resume action in the near future and will notify COGCC accordingly amid developments.

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> | | | |
| 400546493 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400546491 | 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400546492 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)