

Document Number:  
400571946

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 05-045-21709-00 6. County: GARFIELD  
 7. Well Name: SG Well Number: 8502D-23 L24496  
 8. Location: QtrQtr: NWSW Section: 24 Township: 4S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1728 feet Direction: FSL Distance: 972 feet Direction: FWL  
 As Drilled Latitude: 39.685299 As Drilled Longitude: -108.123038

GPS Data:  
 Date of Measurement: 01/31/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 957 feet. Direction: FNL Dist.: 1790 feet. Direction: FEL  
 Sec: 23 Twp: 4S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 964 feet. Direction: FNL Dist.: 1850 feet. Direction: FEL  
 Sec: 23 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: COC64814

12. Spud Date: (when the 1st bit hit the dirt) 06/22/2013 13. Date TD: 11/13/2013 14. Date Casing Set or D&A: 11/14/2013

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

16. Total Depth MD 13325 TVD\*\* 12385 17 Plug Back Total Depth MD 13271 TVD\*\* 12331

18. Elevations GR 8180 KB 8210  
 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, 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   | 30           | 20             | 52.78 | 0             | 120           | 120       | 0       | 120     | CALC   |
| SURF        | 14+3/4       | 9+5/8          | 36.0  | 0             | 3,332         | 1,421     | 0       | 3,332   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 13,296        | 3,089     | 3,357   | 13,325  | 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  | 9,243          | 13,140 | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 13,140         | 13,325 | <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 ?                              |  |
|------------------------------------|-----------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                       |   |  |
| 400572093                          | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400572092                          | 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"/>            |
| 400571948                          | Other                 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| <b><u>Other Attachments</u></b>    |                       |   |  |
| 400572094                          | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400572098                          | LAS-CBL 1ST RUN       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400572101                          | LAS-CBL 2ND RUN       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400572103                          | 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)