

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



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Document Number:
400637454

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: AMY HENLINE
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3364
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-13458-00 6. County: GARFIELD
 7. Well Name: N.PARACHUTE Well Number: WF04D B04 596
 8. Location: QtrQtr: NWNE Section: 4 Township: 5S Range: 96W Meridian: 6
 Footage at surface: Distance: 1003 feet Direction: FNL Distance: 2344 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 986 feet. Direction: FNL Dist.: 961 feet. Direction: FWL
 Sec: 4 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 945 feet. Direction: FNL Dist.: 859 feet. Direction: FWL
 Sec: 4 Twp: 5S Rng: 96W

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

12. Spud Date: (when the 1st bit hit the dirt) 03/27/2005 13. Date TD: 05/17/2005 14. Date Casing Set or D&A: 05/19/2005

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

16. Total Depth MD 11192 TVD** 10789 17 Plug Back Total Depth MD 11020 TVD** 10617

18. Elevations GR 8225 KB 8247 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- casing repair

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	16	20		0	120	9	0	120	CALC
SURF	12+1/4	9+5/8		0	3,750	1,690	1,613	3,750	CALC
1ST	7+7/8	4+1/2		0	11,192	1,975	6,800	11,192	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,617	190	4,617	5,160

Details of work:

Casing repair operations were completed on the subject well 06/06/2014. Please see the casing repair summary below.

1. RBP set at 7,450' (top perf at 7,612') and conduct pressure test – failed test
2. Plug and packer tests, multiple leaks discovered. Log well with Halliburton CASTM and Caliper for more information
3. RIH with mechanical cutter and cut casing at 1,500' (surface casing at 3,750')
4. Set external 7K casing patch @ 1501'.
5. RIH set packer at 1,561' and pressure test to 2,500psi – good test
6. Plug and packer tests, injection rate established from 4,918' – RBP @ 7,450'
7. Pump 8.2 bbls 15.8# class G neat cement (balanced plug 4,617' – 5,142')
8. RIH tag @ 5,117, drill out to 5,175' fall through
9. Pump 10.2 bbls 15.8# class G neat cement (balanced plug 4,485' – 5,142')
10. RIH tag @ 4,664' drill out to 4,960' pressure test to 1,500psi – good test, drill out to 4,993' pressure test to 1,500psi – failed test
11. TOH with tubing and bit, RIH with 32A packer w/unloader set @ 4,413'
12. Pump 10.2 bbls 15.8# class G neat cement squeeze and stage in
13. RIH tag @ 4,632' drill out to 5,110' pressure test to 1,500psi – failed test
14. TOH with tubing and bit, RIH with 32A packer w/unloader set @ 4,413'
15. Pump 10.2 bbls 15.8# class G neat cement squeeze and stage in
16. RIH tag @ 4,654' drill out to 5,160' pressure test to 1,500psi – good test, slight leakoff
17. Run CBL
18. Retrieve RBP and land tubing

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	
WASATCH	3,231	7,533	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,534	10,445	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	10,446	11,009	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,010	0	<input type="checkbox"/>	<input type="checkbox"/>	ROLLINS TO TD

Comment:

For questions regarding the casing repair operations, please contact:

Barry Wilkinson
 Production Engineer
 970.285.2928
 barry.wilkinson@encana.com

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: AMY HENLINE

Title: REGULATORY ANALYST

Date: _____

Email: amy.henline@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400637502	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400637458	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400637524	CORRESPONDENCE	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)