

FORM
5
Rev
09/14

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:
400409024

Date Received:
04/24/2013

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

OGCC Operator Number: 100185 Contact Name: Marina Ayala
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5905
 Address: 370 17TH ST STE 1700 Fax: (720) 876-6905
 City: DENVER State: CO Zip: 80202-

API Number 05-045-21031-00 County: GARFIELD
 Well Name: SG Well Number: 8509E-21 N22496
 Location: QtrQtr: SESW Section: 22 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 1205 feet Direction: FSL Distance: 1952 feet Direction: FWL
 As Drilled Latitude: 39.683863 As Drilled Longitude: -108.157214

GPS Data:
 Date of Measurement: 02/10/2012 PDOP Reading: 3.9 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1605 feet. Direction: FSL Dist.: 1270 feet. Direction: FEL
 Sec: 22 Twp: 4S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1578 feet. Direction: FSL Dist.: 1324 feet. Direction: FEL
 Sec: 22 Twp: 4S Rng: 96W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: COC62562

Spud Date: (when the 1st bit hit the dirt) 03/12/2012 Date TD: 05/21/2012 Date Casing Set or D&A: 05/27/2012
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 11830 TVD** 11035 Plug Back Total Depth MD 11783 TVD** 10988
 Elevations GR 7585 KB 7607 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 CBL and Mud.

CASING, LINER AND CEMENT

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	53	0	120	133	22	120	CALC
SURF	14+3/4	9+5/8	36	0	2,129	717	22	2,129	CALC
1ST	8+3/4	4+1/2	11.60	0	11,808	1,985	4,662	11,830	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	7,880	11,727	NO	NO	
ROLLINS	11,728	11,830	NO	NO	

Comment:

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

Signed: _____ Print Name: Marina Ayala

Title: Permitting Technician Date: 4/24/2013 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400409042	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400409039	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400409024	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400409034	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400409035	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400409041	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)