

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400125051

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: Heather Mitchell

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-3070

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4070

City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18948-00

6. County: GARFIELD

7. Well Name: SHIDELER

Well Number: 36-9D (C31E)

8. Location: QtrQtr: NENW Section: 31 Township: 7S Range: 92W Meridian: 6

Footage at surface: Distance: 306 feet Direction: FNL Distance: 530 feet Direction: FWL

As Drilled Latitude: 39.409136 As Drilled Longitude: -107.712248

GPS Data:

Data of Measurement: 09/07/2010 PDOP Reading: 3.0 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage

at Top of Prod. Zone Distance: 216 feet Direction: FNL Distance: 140 feet Direction: FEL

Sec: 36 Twp: 7S Rng: 93W

at Bottom Hole Distance: 204 feet Direction: FNL Distance: 134 feet Direction: FEL

Sec: 36 Twp: 7S Rng: 93W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC055972E

12. Spud Date: (when the 1st bit hit the dirt) 04/26/2010 13. Date TD: 07/15/2010 14. Date Casing Set or D&A: 07/17/2010

15. Well Classification:

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

16. Total Depth MD 8192 TVD 8149 17 Plug Back Total Depth MD 8138 TVD 8095

18. Elevations GR 6750 KB 6772

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 & RST

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	26	16	Line pipe	0	62		0	40	CALC
SURF	12+1/4	9+5/8	36	0	882	319	0	1,216	CALC
2ND	8+3/4	4+1/2	12	0	8,182	1,378	2,560	8,182	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	5,260	8,178	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,179	8,192	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

TOG: 5977

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

Signed: _____ Print Name: Heather Mitchell

Title: Regulatory Analyst Date: _____ Email: heather.mitchell@encana.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400125058	PDS-CEMENT BOND
400125060	DIRECTIONAL SURVEY
400125061	CEMENT JOB SUMMARY
400125062	PDS-NEUTRON

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)