

FORM  
5  
Rev  
02/08

State 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

DRILLING COMPLETION REPORT

Document Number:

400147234

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  
2. Name of Operator: ENCANA OIL & GAS (USA) INC  
3. Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-56  
4. Contact Name: Heather Mitchell  
Phone: (720) 876-3070  
Fax: (720) 876-4070

5. API Number 05-045-18876-00  
6. County: GARFIELD  
7. Well Name: SHIDELER Well Number: 30-15D (C31E)  
8. Location: QtrQtr: NENW Section: 31 Township: 7S Range: 92W Meridian: 6  
Footage at surface: Distance: 283 feet Direction: FNL Distance: 538 feet Direction: FWL  
As Drilled Latitude: 39.409205 As Drilled Longitude: -107.712218

GPS Data:

Data of Measurement: 09/07/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 207 feet. Direction: FSL Dist.: 1536 feet. Direction: FEL  
Sec: 30 Twp: 7S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 242 feet. Direction: FSL Dist.: 1472 feet. Direction: FEL  
Sec: 30 Twp: 7S Rng: 92W

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) 04/28/2010 13. Date TD: 06/23/2010 14. Date Casing Set or D&A: 06/25/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8363 TVD\*\* 7856 17 Plug Back Total Depth MD 8307 TVD\*\* 7800

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, Mud & Temp

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	1,211	413	0	1,211	CALC
2ND	8+3/4	4+1/2	11.6	0	8,353	1,350	4,140	8,363	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	5,369	8,363	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CBL & RST are in the same file

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

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
400147246	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400147235	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400147240	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400147244	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)