

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:

400148527

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 05-045-18866-00 6. County: GARFIELD
7. Well Name: SHIDELER Well Number: 31-3C (C31E)
8. Location: QtrQtr: NENW Section: 31 Township: 7S Range: 92W Meridian: 6
Footage at surface: Distance: 317 feet Direction: FNL Distance: 541 feet Direction: FWL
As Drilled Latitude: 39.409111 As Drilled Longitude: -107.712219

GPS Data:

Data of Measurement: 09/07/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1225 feet. Direction: FNL Dist.: 1497 feet. Direction: FWL
Sec: 31 Twp: 7S Rng: 92W

** If directional footage at Bottom Hole Dist.: 1235 feet. Direction: FNL Dist.: 1526 feet. Direction: FWL
Sec: 31 Twp: 7S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 5250011. Federal, Indian or State Lease Number: COC055972E12. Spud Date: (when the 1st bit hit the dirt) 04/25/2010 13. Date TD: 07/23/2011 14. Date Casing Set or D&A: 07/23/2010

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8260 TVD** 8094 17 Plug Back Total Depth MD 8204 TVD** 803818. 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	918	319	0	1,216	CALC
2ND	8+3/4	4+1/2	11.6#	0	8,250	1,328	2,100	8,260	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	5,281	8,214	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,215	8,260	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

RST and CBL 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 ?			
<u>Attachment Checklist</u>					
	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"/>
400148546	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400148528	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400148536	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400148538	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)