

**FORM**  
**5**Rev  
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:

400148695

**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 &amp; 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 05-045-18865-00

6. County: GARFIELD

7. Well Name: SHIDELER

Well Number: 31-6A (C31E)

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

Footage at surface: Distance: 327 feet Direction: FNL Distance: 540 feet Direction: FWL

As Drilled Latitude: 39.409079 As Drilled Longitude: -107.712204

## GPS Data:

Data of Measurement: 04/01/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandon Birdsall

## \*\* If directional footage

at Top of Prod. Zone Distance: 1824 feet Direction: FNL Distance: 2030 feet Direction: FWL

Sec: 31 Twp: 7S Rng: 92W

at Bottom Hole Distance: 1772 feet Direction: FNL Distance: 2091 feet Direction: FWL

Sec: 31 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) 04/23/2010 13. Date TD: 08/09/2010 14. Date Casing Set or D&amp;A: 08/10/2010

## 15. Well Classification:

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

16. Total Depth MD 8400 TVD 7976 17 Plug Back Total Depth MD 8314 TVD 7890

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:

RST, CBL, Mud &amp; 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	1,216	412	0	1,216	CALC
2ND	8+3/4	4+1/2	11.6#	0	8,399	1,403	2,270	8,399	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	5,535	8,368	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,369	8,400	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

RST & 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

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
400148699	LAS-CEMENT BOND
400148701	LAS-MUD
400148704	LAS-TEMPERATURE
400148707	DIRECTIONAL SURVEY
400148709	CEMENT JOB SUMMARY

Total Attach: 5 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)