

FORM
5Rev
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

Document Number:

400226724

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-

5. API Number 05-045-20665-00

6. County: GARFIELD

7. Well Name: SG

Well Number: 8508B-21 N22496

8. Location: QtrQtr: SESW Section: 22 Township: 4S Range: 96W Meridian: 6

Footage at surface: Distance: 1308 feet Direction: FSL Distance: 1995 feet Direction: FWL

As Drilled Latitude: 39.684150 As Drilled Longitude: -108.157052

GPS Data:

Date of Measurement: 08/22/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1524 feet. Direction: FSL Dist.: 1689 feet. Direction: FWL

Sec: 22 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1524 feet. Direction: FSL Dist.: 1689 feet. Direction: FWL

Sec: 22 Twp: 4S Rng: 96W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC64815

12. Spud Date: (when the 1st bit hit the dirt) 11/16/2011 13. Date TD: 11/17/2011 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 1419 TVD** 1335 17 Plug Back Total Depth MD 0 TVD** 0

18. Elevations GR 7585 KB 7607

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:

No logs run. Plug well due to collision with another well.

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	30	20	Line pipe	0	118	138	0	118	CALC
OPEN HOLE	14+3/4			0	1,419				CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
NON CEMENT SQUEEZE	OPEN HOLE	140	211	0	140
NON CEMENT SQUEEZE	OPEN HOLE	445	250	140	445
NON CEMENT SQUEEZE	OPEN HOLE	744	504	445	744

Details of work:

This well was colliding with another well on the pad. Encana received verbal approval to plug the well from Dave Andrews on 11/17/2011.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No logs run. Plugged well after drilling to 1419'. No surface casing run.

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: 11/28/2011 Email: heather.mitchell@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400226765	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400226761	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400226724	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400226762	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	off hold--oper. approved change in BHL footage to 1689 FWL.	11/29/2011 8:39:34 AM
Permit	on hold--need to check w/ oper. re BHL footages.	11/29/2011 7:17:07 AM

Total: 2 comment(s)