

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:

400254154

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: Erin Hochstetler

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

Phone: (720) 876-5827

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20667-00

6. County: GARFIELD

7. Well Name: SG

Well Number: 8503E-22 N22496

8. Location: QtrQtr: 5 Section: 22 Township: 4S Range: 96W Meridian: 6

Footage at surface: Distance: 1331 feet Direction: FSL Distance: 2014 feet Direction: FWL

As Drilled Latitude: 39.684211 As Drilled Longitude: -108.156989

GPS Data:

Data of Measurement: 08/31/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1436 feet. Direction: FNL Dist.: 1375 feet. Direction: FWL

Sec: 22 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1350 feet. Direction: FNL Dist.: 1262 feet. Direction: FWL

Sec: 22 Twp: 4S Rng: 96W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC64814

12. Spud Date: (when the 1st bit hit the dirt) 09/11/2011 13. Date TD: 10/23/2011 14. Date Casing Set or D&A: 10/26/2011

15. Well Classification:

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

16. Total Depth MD 12755 TVD** 12257 17 Plug Back Total Depth MD 12709 TVD** 12211

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:

Triple Combo and Hole volume, CBL, RST, MUD

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	53	0	118	185	0	118	CALC
SURF	14+3/4	9+5/8	36	0	2,098	755	0	2,098	CALC
2ND	8+3/4	4+1/2	12	0	12,735	2,087	2,796	12,735	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	7,784	11,650	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,651	11,939	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,940	12,156	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,157	12,444	<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	12,445	12,735	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____

Print Name: Erin Hochstetler

Title: Permitting Technician

Date: _____

Email: erin.hochstetler@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400254172	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400254169	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400254155	PDS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400254165	PDS-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400254174	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400254192	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400254295	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)