

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400285493

Date Received:

## 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: Marina Ayala

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

Phone: (720) 876-5905

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4905

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20673-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: 25-4D (PE-25)

8. Location: QtrQtr: SWNW Section: 25 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 2034 feet Direction: FNL Distance: 20 feet Direction: FWL

As Drilled Latitude: 39.409914 As Drilled Longitude: -108.067318

## GPS Data:

Data of Measurement: 09/06/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1156 feet. Direction: FNL Dist.: 755 feet. Direction: FWL

Sec: 25 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1020 feet. Direction: FNL Dist.: 864 feet. Direction: FWL

Sec: 25 Twp: 7S Rng: 96W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC27825

12. Spud Date: (when the 1st bit hit the dirt) 09/21/2011 13. Date TD: 10/10/2011 14. Date Casing Set or D&amp;A: 10/11/2011

## 15. Well Classification:

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

16. Total Depth MD 5960 TVD\*\* 5748 17 Plug Back Total Depth MD 5877 TVD\*\* 5665

18. Elevations GR 5396 KB 5426

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, IBC and 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	26	16	42	0	40	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,125	380	0	1,125	CALC
1ST	8+3/4	4+1/2	11.6	0	5,934	652	2,030	5,960	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	
MESAVERDE	2,860	3,534	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,535	5,769	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,770	5,960	<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: Marina Ayala

Title: Permitting Technician

Date: \_\_\_\_\_

Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400285513	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400285511	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>					
400285512	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400285516	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400285517	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400285522	LAS-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)