

FORM
5

Rev
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



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Document Number:

400345885

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 & GAS (USA) INC	Phone: (720) 876-5905
3. Address: 370 17TH ST STE 1700	Fax: (720) 876-6905
City: DENVER State: CO Zip: 80202-	

5. API Number 05-045-21185-00	6. County: GARFIELD
7. Well Name: Gardner Federal	Well Number: 28-2A (PC-28)
8. Location: QtrQtr: LOT 3 Section: 28 Township: 7S Range: 95W Meridian: 6	
Footage at surface: Distance: 84 feet Direction: FNL	Distance: 2299 feet Direction: FWL
As Drilled Latitude: 39.415564	As Drilled Longitude: -108.003491

GPS Data:

Data of Measurement: 05/21/2012 PDOP Reading: 4.4 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 183 feet. Direction: FNL Dist.: 1855 feet. Direction: FEL

Sec: 28 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 194 feet. Direction: FNL Dist.: 1863 feet. Direction: FEL

Sec: 28 Twp: 7S Rng: 95w

9. Field Name: PARACHUTE	10. Field Number: 67350
11. Federal, Indian or State Lease Number: COC1523	

12. Spud Date: (when the 1st bit hit the dirt) 05/06/2012 13. Date TD: 07/16/2012 14. Date Casing Set or D&A: 07/19/2012

15. Well Classification:

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

16. Total Depth MD 7510 TVD** 7374 17 Plug Back Total Depth MD 7433 TVD** 7297

18. Elevations GR 7645 KB 7677

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 (included in Nuetron Log) 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	1,146	385	0	1,146	CALC
1ST	6+1/8	4+1/2	23	0	1,235	300	0	1,244	CALC
2ND	8+3/4	7	11.6	0	7,475	297	5,350	7,510	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,650	200		5,651
SQUEEZE	2ND	5,540	200		5,541

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	4,401	5,084	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,085	7,341	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,342	7,510	<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>					
400345916	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400345918	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>					
400345899	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345908	LAS-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345919	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)