

**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



DE ET OE ES

Document Number:

400418595

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: RUTHANN MORSS

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

Phone: (720) 876-5060

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6060

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21739-00

6. County: GARFIELD

7. Well Name: Shideler Fee

Well Number: 6-3DD (O31E)

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

Footage at surface: Distance: 173 feet Direction: FSL Distance: 2061 feet Direction: FEL

As Drilled Latitude: 39.396251 As Drilled Longitude: -107.706268

## GPS Data:

Data of Measurement: 11/12/2012 PDOP Reading: 4.6 GPS Instrument Operator's Name: B. BIRDSALL

\*\* If directional footage at Top of Prod. Zone Dist.: 1043 feet. Direction: FNL Dist.: 2505 feet. Direction: FEL

Sec: 6 Twp: 8S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 1066 feet. Direction: FNL Dist.: 2498 feet. Direction: FEL

Sec: 6 Twp: 8S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/25/2012 13. Date TD: 01/18/2013 14. Date Casing Set or D&amp;A: 01/21/2013

## 15. Well Classification:

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

16. Total Depth MD 8700 TVD\*\* 8558 17 Plug Back Total Depth MD 8504 TVD\*\* 8362

18. Elevations GR 7109 KB 7131

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:

CBL, RST

## 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	82	40	0	82	CALC
SURF	12+1/4	10	36	0	1,040	344	0	1,040	CALC
1ST	8+3/4	4+3/4	11.6	0	8,641	931	4,550	8,700	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	4,893	8,471	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,471	8,700	<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: RUTHANN MORSS

Title: REGULATORY ANALYST

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

Email: RUTHANN.MORSS@ENCANA.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400419397	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400419401	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"/>
400419392	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400419416	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400419431	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400419437	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400419440	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**User GroupCommentComment Date

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Total: 0 comment(s)