

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:
400420952

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 & 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 05-045-21738-00 6. County: GARFIELD
 7. Well Name: Shideler Fee Well Number: 6-7D (O31E)
 8. Location: QtrQtr: SWSE Section: 31 Township: 7S Range: 92W Meridian: 6
 Footage at surface: Distance: 198 feet Direction: FSL Distance: 2023 feet Direction: FEL
 As Drilled Latitude: 39.396318 As Drilled Longitude: -107.706140

GPS Data:
 Date of Measurement: 11/12/2012 PDOP Reading: 2.9 GPS Instrument Operator's Name: B. BIRDSALL

** If directional footage at Top of Prod. Zone Dist.: 2206 feet. Direction: FNL Dist.: 1398 feet. Direction: FEL

Sec: 6 Twp: 8S Rng: 92W

** If directional footage at Bottom Hole Dist.: 2210 feet. Direction: FNL Dist.: 1378 feet. Direction: FEL

Sec: 6 Twp: 8S Rng: 92S

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) 12/01/2012 13. Date TD: 12/13/2012 14. Date Casing Set or D&A: 12/15/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8980 TVD** 8467 17 Plug Back Total Depth MD 8735 TVD** 8223

18. Elevations GR 7108 KB 7130 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

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	9+5/8	36	0	1,167	382	0	1,167	CALC
1ST	8+3/4	4+1/2	11.6	0	8,958	855	4,611	8,958	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	5,247	8,835	<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 ?	
Attachment Checklist			
400421054	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400421012	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"/>
400421010	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400421000	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421004	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400421014	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)