FORM 5				
Rev 02/08		DE	ET	OE	ES

State of Colorado
Oil and Gas Conservation Commission

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

DRILLING COMPLETION REPORT

Document Number:

400428217

Date Received:

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
   City: DENVER   State: CO   Zip: 80202-

4. Contact Name: Cristi Cota-Smith
   Phone: (720) 876-3083
   Fax: (720) 876-4083

5. API Number 05-045-21736-00
6. County: GARFIELD
7. Well Name: Shideler Fee   Well Number: 31-13C (O31E)
8. Location: QtrQtr: SWSE   Section: 31   Township: 7S   Range: 92W   Meridian: 6
   Footage at surface: Distance: 208 feet Direction: FSL   Distance: 2021 feet Direction: FEL
   As Drilled Latitude: 39.396348   As Drilled Longitude: -107.706132

GPS Data:

   Data of Measurement: 11/12/2012   PDOP Reading: 2.8   GPS Instrument Operator's Name: Brandon Birdsall

   ** If directional footage at Top of Prod. Zone   Dist.: 527 feet. Direction: FSL   Dist.: 52 feet. Direction: FWL
   Sec: 31   Twp: 7S   Rng: 92W
   ** If directional footage at Bottom Hole   Dist.: 533 feet. Direction: FSL   Dist.: 48 feet. Direction: FWL
   Sec: 31   Twp: 7S   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) 12/02/2012 13. Date TD: 12/09/2012 14. Date Casing Set or D&A: 12/10/2012

15. Well Classification:

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

16. Total Depth   MD 9118   TVD** 8708   17 Plug Back Total Depth   MD 9049   TVD** 8640

18. Elevations   GR 7107   KB 7129 | 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, mudlog, 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		0	60	114	0	60	CALC
SURF	12+1/4	9+5/8		0	1,358	435	0	1,358	CALC
1ST	7+7/8	4+3/4		0	9,098	890	5,460	9,118	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	5,956	8,924	☐	☐	

Comment:

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

Signed: _____   Print Name: Cristi L. Cota-Smith

Title: Permitting Analyst   Date: _____   Email: cristi.cota-smith@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name				
400428319	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
400428320	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
400428246	Other	Yes	☒	No	☐

Other Attachments

Att Doc Num	Document Name				
400428227	LAS-MUD	Yes	☒	No	☐
400428228	LAS-CBL 1ST RUN	Yes	☒	No	☐
400428330	DIRECTIONAL DATA	Yes	☒	No	☐

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)