

**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:  
400442025

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: 10442 4. Contact Name: Judith Walter  
 2. Name of Operator: HUNTER RIDGE ENERGY SERVICES LLC Phone: (720) 876-3702  
 3. Address: 370 17TH STREET #1700 Fax: (720) 876-4702  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-21850-00 6. County: GARFIELD  
 7. Well Name: SG Well Number: WD09B-30 N30495  
 8. Location: QtrQtr: NESW Section: 30 Township: 4S Range: 95W Meridian: 6  
 Footage at surface: Distance: 1449 feet Direction: FSL Distance: 2098 feet Direction: FWL  
 As Drilled Latitude: 39.670053 As Drilled Longitude: -108.100224

GPS Data:

Date of Measurement: 02/08/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 2099 feet. Direction: FSL Dist.: 144 feet. Direction: FEL

Sec: 30 Twp: 4S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2100 feet. Direction: FSL Dist.: 62 feet. Direction: FEL

Sec: 30 Twp: 4S Rng: 95W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC61459

12. Spud Date: (when the 1st bit hit the dirt) 03/24/2013 13. Date TD: 04/20/2013 14. Date Casing Set or D&A: 04/22/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9445 TVD\*\* 8561 17 Plug Back Total Depth MD 9393 TVD\*\* 8509

18. Elevations GR 8308 KB 8330

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:

Mud, CBL, Gamma Ray

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	30	20	53	0	118	125	0	118	CALC
SURF	14+3/4	9+5/8	36	0	3,026	1,089	0	3,041	CALC
1ST	8+3/4	5+1/2	13.5 & 20	0	9,420	1,462	1,902	9,445	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	
WASATCH	3,803	9,445	<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: Judith Walter

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: judith.walter@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400442039	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400442031	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400442032	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400442037	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400442176	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)