

FORM  
5Rev  
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:

400476644

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: Kelly Hamden

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

Phone: (720) 876-8185

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6185

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21837-00

6. County: GARFIELD

7. Well Name: Shideler

Well Number: 30-8B (O19EB)

8. Location: QtrQtr: SWSE Section: 19 Township: 7S Range: 92W Meridian: 6

Footage at surface: Distance: 597 feet Direction: FSL Distance: 1627 feet Direction: FEL

As Drilled Latitude: 39.426138 As Drilled Longitude: -107.705113

## GPS Data:

Data of Measurement: 01/07/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1467 feet. Direction: FNL Dist.: 568 feet. Direction: FEL

Sec: 30 Twp: 7S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 1522 feet. Direction: FNL Dist.: 524 feet. Direction: FEL

Sec: 30 Twp: 7S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: Fee/Fee

12. Spud Date: (when the 1st bit hit the dirt) 01/24/2013 13. Date TD: 03/10/2013 14. Date Casing Set or D&amp;A: 03/11/2013

## 15. Well Classification:

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

16. Total Depth MD 8078 TVD\*\* 7445 17 Plug Back Total Depth MD 8031 TVD\*\* 7398

18. Elevations GR 6509 KB 6531

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, Mud logs

## 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	42.09	0	82	0	0	82	CALC
SURF	12+1/4	9+5/8	36.0	0	1,439	502	0	1,439	CALC
1ST	8+3/4	4+1/2	11.6	0	8,078	1,060	1,781	8,078	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	
MESAVERDE	4,302	4,885	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,885	7,846	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,846	8,100	<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: Kelly Hamden

Title: Permitting Analyst Date: \_\_\_\_\_ Email: Kelly.Hamden@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400479405	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400477975	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"/>
400476656	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400476649	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400476654	LAS-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400476655	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400477964	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)