

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:

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 & 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:

Date 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&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 ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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)