

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:

400494691

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) 876-5185  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6185  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21336-00 6. County: GARFIELD  
 7. Well Name: FEDERAL Well Number: 21-2A(PH21)  
 8. Location: QtrQtr: SENE Section: 21 Township: 7S Range: 95W Meridian: 6  
 Footage at surface: Distance: 1581 feet Direction: FNL Distance: 731 feet Direction: FEL  
 As Drilled Latitude: 39.426056 As Drilled Longitude: -107.995308

GPS Data:

Data of Measurement: 03/21/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 532 feet. Direction: FNL Dist.: 1340 feet. Direction: FEL

Sec: 21 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 543 feet. Direction: FNL Dist.: 1348 feet. Direction: FEL

Sec: 21 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC-01523

12. Spud Date: (when the 1st bit hit the dirt) 04/07/2013 13. Date TD: 04/21/2013 14. Date Casing Set or D&A: 04/21/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7585 TVD\*\* 7429 17 Plug Back Total Depth MD 7561 TVD\*\* 7405

18. Elevations GR 6317 KB 22

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:

Cement Bond, RST, Temperature 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	114	0	82	CALC
SURF	12+1/4	9+5/8	36.0	0	1,014	344	0	1,014	CALC
1ST	4+1/2	4+3/4	11.6	0	7,559	630	2,489	7,559	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	4,106	4,643	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,643	7,417	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,417	7,558	<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>			
400494759	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400494756	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"/>
400494700	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400494760	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494766	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494767	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494771	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)