

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:

400497327

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: <u>100185</u>	4. Contact Name: <u>Kelly Hamden</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5185</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6185</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-045-22015-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Hagen Federal</u>	Well Number: <u>22-2D (PC22)</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>22</u> Township: <u>7S</u> Range: <u>95W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>654</u> feet Direction: <u>FNL</u> Distance: <u>1819</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.428486</u> As Drilled Longitude: <u>-107.986311</u>	

GPS Data:

Data of Measurement: 06/03/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 654 feet. Direction: FNL Dist.: 1819 feet. Direction: FWL

Sec: 22 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 700 feet. Direction: FNL Dist.: 1923 feet. Direction: FEL

Sec: 22 Twp: 7S Rng: 95W

9. Field Name: <u>PARACHUTE</u>	10. Field Number: <u>67350</u>
11. Federal, Indian or State Lease Number: <u>COC01523</u>	

12. Spud Date: (when the 1st bit hit the dirt) <u>08/22/2013</u>	13. Date TD: <u>09/15/2013</u>	14. Date Casing Set or D&A: <u>09/15/2013</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>8020</u> TVD** <u>7807</u>	17 Plug Back Total Depth MD <u>8020</u> TVD** <u>7807</u>
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18. Elevations GR <u>6581</u> KB <u>6604</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

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	114	0	82	CALC
SURF	12+1/4	9+5/8	36.0	0	1,029	400	0	1,048	CALC
1ST	8+3/4	4+1/2	11.6	0	8,020	851	3,520	8,020	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well is waiting on completion; thus, the Top of Production zone and footage at the bottom hole are the permitted locations. In addition, the Plug Back Total Depth is an estimate based upon the production casing depth.

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 ?	
Attachment Checklist			
400497349	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400497350	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"/>
400497336	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400497339	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400497340	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)