

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	30	16	65	0	97	432	0	97	CALC
SURF	12+1/4	9+8/5	40	0	1,241	486	0	1,241	CALC
1ST	8+3/4	7	26	0	7,929	650	0	7,939	CALC
2ND	6+1/8	4+1/2	13.5	6929	14,681	514	6,929	14,697	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	
SUSSEX	4,786		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,361		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,777		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,333		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,410		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,732		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,822		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Drilling operations have been completed on this well. The well is not able to be completed at this time due to completion rig schedules. The final form 5A will be submitted at the time the well is completed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: JENNIFER LIND

Title: REGULATORY ANALYST

Date:

Email: JENNIFER.LIND@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400547147	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400548594	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400548585	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548587	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548590	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548595	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548596	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548597	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400548599	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)