

Document Number:  
400545457

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 05-045-21900-00 6. County: GARFIELD  
 7. Well Name: SG Well Number: 8508F-33 E34496  
 8. Location: QtrQtr: SWNW Section: 34 Township: 4S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2236 feet Direction: FNL Distance: 992 feet Direction: FWL  
 As Drilled Latitude: 39.659925 As Drilled Longitude: -108.160610

GPS Data:  
 Date of Measurement: 07/09/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Travis Murphy

\*\* If directional footage at Top of Prod. Zone Dist.: 2529 feet. Direction: FNL Dist.: 1302 feet. Direction: FEL  
 Sec: 33 Twp: 4S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 2529 feet. Direction: FNL Dist.: 1302 feet. Direction: FEL  
 Sec: 33 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: COC65556

12. Spud Date: (when the 1st bit hit the dirt) 09/11/2013 13. Date TD: \_\_\_\_\_ 14. Date Casing Set or D&A: \_\_\_\_\_

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2920 TVD\*\* 2789 17 Plug Back Total Depth MD 0 TVD\*\* 0

18. Elevations GR 8323 KB 8353 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:

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	30	20	52.78	0	120	125	0	120	CALC
SURF	14+3/4	9+5/8	36.0	0	2,981	1,197	0	3,000	CALC

**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:

Encana has suspended operations on the E34 496 Pad due to changes in rig availability and operational economics. We intend to resume action in the near future and will notify COGCC accordingly amid developments.

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>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400545459	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400545477	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400546225	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

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

Total: 0 comment(s)