

FORM  
5Rev  
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:

400528102

Date Received:

12/17/2013

## 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 &amp; 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 05-045-20587-00

6. County: GARFIELD

7. Well Name: MCU

Well Number: 16-13CC (M16W)

8. Location: QtrQtr: SWSW Section: 16 Township: 7S Range: 93W Meridian: 6

Footage at surface: Distance: 531 feet Direction: FSL Distance: 1221 feet Direction: FWL

As Drilled Latitude: 39.439827 As Drilled Longitude: -107.783454

## GPS Data:

Data of Measurement: 04/18/2013 PDOP Reading: 2.5 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 156 feet. Direction: FSL Dist.: 701 feet. Direction: FWL

Sec: 16 Twp: 7S Rng: 93W

\*\* If directional footage at Bottom Hole Dist.: 131 feet. Direction: FSL Dist.: 648 feet. Direction: FWL

Sec: 16 Twp: 7S Rng: 93W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC55604

12. Spud Date: (when the 1st bit hit the dirt) 04/28/2013 13. Date TD: 08/21/2013 14. Date Casing Set or D&amp;A: 08/22/2013

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10074 TVD\*\* 10041 17 Plug Back Total Depth MD 9986 TVD\*\* 9953

18. Elevations GR 7881 KB 7903

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:

CBL, RST, Mud, Temperature

## 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	VISU
SURF	12+1/4	9+5/8	36.0	0	1,128	421	0	1,128	VISU
1ST	8+3/4	4+1/2	11.6	0	10,051	835	5,250	10,051	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	
WILLIAMS FORK	7,149	9,891	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,891	10,074	<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: 12/17/2013 Email: Kelly.Hamden@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400528149	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400528147	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"/>
400528103	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400528102	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400528148	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400528150	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400528152	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400528154	LAS-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400528155	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Passes Permitting. Preliminary Form 5 deleted; information on Final. Emailed Don about bottom hole location 2/19/14-AS Corrected bhl to Sec. 16. 2/20/14 dhs.	1/6/2014 8:46:04 AM

Total: 1 comment(s)