

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



DE ET OE ES

Document Number:

400660063

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 &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 05-045-21859-00

6. County: GARFIELD

7. Well Name: SG

Well Number: 8506A-34 E34496

8. Location: QtrQtr: SWNW Section: 34 Township: 4S Range: 96W Meridian: 6

Footage at surface: Distance: 2200 feet Direction: FNL Distance: 997 feet Direction: FWL

As Drilled Latitude: 39.660025 As Drilled Longitude: -108.160597

## GPS Data:

Date of Measurement: 07/09/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Travis Murphy

\*\* If directional footage at Top of Prod. Zone Dist.: 1363 feet. Direction: FNL Dist.: 1354 feet. Direction: FWL

Sec: 34 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1350 feet. Direction: FNL Dist.: 1345 feet. Direction: FWL

Sec: 34 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC 69557

12. Spud Date: (when the 1st bit hit the dirt) 09/23/2013 13. Date TD: 12/08/2013 14. Date Casing Set or D&amp;A: 12/09/2013

## 15. Well Classification:

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

16. Total Depth MD 11530 TVD\*\* 11471 17 Plug Back Total Depth MD 11482 TVD\*\* 11423

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:

CBL, 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	30	20	52.78	0	120	125	0	150	CALC
SURF	14+3/4	9+5/8	36.0	0	2,950	1,146	0	2,968	CALC
1ST	8+3/4	4+1/2	11.6	0	11,508	2,351	1,870	11,530	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	7,817	11,421	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,422	11,530	<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 HamdenTitle: Regulatory Analyst Date: \_\_\_\_\_ Email: Kelly.Hamden@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400660108	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400660103	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"/>
400660070	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400660104	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400660112	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400660117	LAS-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400660118	LAS-MUD	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)