

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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| DE | ET | OE | ES |
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Document Number:
400654697

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: Leah Buchanan
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5939
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21927-00 6. County: GARFIELD
 7. Well Name: SG Well Number: 8503B-34 E34496
 8. Location: QtrQtr: SWNW Section: 34 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 2173 feet Direction: FNL Distance: 1000 feet Direction: FWL
 As Drilled Latitude: 39.660099 As Drilled Longitude: -108.160580

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.: 304 feet. Direction: FNL Dist.: 645 feet. Direction: FWL

Sec: 34 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 309 feet. Direction: FNL Dist.: 673 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) 09/30/2013 13. Date TD: 11/12/2013 14. Date Casing Set or D&A: 11/12/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11775 TVD** 11518 17 Plug Back Total Depth MD 11720 TVD** 11463

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:

Cement bond, 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 | 150 | 120 | 0 | 150 | CALC |
| SURF | 14+3/4 | 9+5/8 | 36 | 0 | 2,965 | 1,143 | 0 | 2,980 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.60 | 0 | 11,753 | 2,440 | 1,660 | 11,775 | 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 | 8,057 | 11,703 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 11,704 | 11,775 | <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: Leah Buchanan

Title: Regulatory Analyst Date: _____ Email: Leah.Buchanan@encana.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| <u>Attachment Checklist</u> | | | |
| 400670425 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400660714 | 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"/> |
| 400660715 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400660713 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400660716 | LAS- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400670385 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)