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Document Number:
400671834

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 05-045-20517-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: 31-5A (PF31)
 8. Location: QtrQtr: SENW Section: 31 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 2362 feet Direction: FNL Distance: 1397 feet Direction: FWL
 As Drilled Latitude: 39.394854 As Drilled Longitude: -108.043712

GPS Data:
 Date of Measurement: 09/25/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1401 feet. Direction: FNL Dist.: 953 feet. Direction: FWL
 Sec: 31 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 1413 feet. Direction: FNL Dist.: 960 feet. Direction: FWL
 Sec: 31 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350
 11. Federal, Indian or State Lease Number: COC27823

12. Spud Date: (when the 1st bit hit the dirt) 10/13/2013 13. Date TD: 12/01/2013 14. Date Casing Set or D&A: 12/02/2013

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

16. Total Depth MD 6380 TVD** 6216 17 Plug Back Total Depth MD 6290 TVD** 6126

18. Elevations GR 5834 KB 5856
 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	26	16	42.09	0	80	114	0	80	CALC
SURF	12+1/4	9+5/8	36	0	1,127	423	0	1,150	CALC
1ST	8+3/4	4+1/2	11.06	0	6,355	772	2,500	6,380	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	4,536	6,166	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,166	6,380	<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 ?	
Attachment Checklist			
400690074	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400672152	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"/>
400689975	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400672177	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400689966	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400690240	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400690245	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400690246	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400690252	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)