

Document Number:
400545436

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 05-045-21909-00 6. County: GARFIELD
 7. Well Name: SG Well Number: 8506D-34 E34496
 8. Location: QtrQtr: SWNW Section: 34 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 2229 feet Direction: FNL Distance: 1001 feet Direction: FWL
 As Drilled Latitude: 39.659944 As Drilled Longitude: -108.160575

GPS Data:
 Date of Measurement: 07/09/2013 PDOP Reading: 3.3 GPS Instrument Operator's Name: Travis Murphy

** If directional footage at Top of Prod. Zone Dist.: 2169 feet. Direction: FNL Dist.: 1338 feet. Direction: FWL
 Sec: 34 Twp: 4S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 2169 feet. Direction: FNL Dist.: 1338 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: COC69557

12. Spud Date: (when the 1st bit hit the dirt) 09/15/2013 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 3000 TVD** 0 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:
No logs ran

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	130	0	150	CALC
SURF	14+3/4	9+5/8	36.0	0	2,974	1,144	30	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:

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 ?	
<u>Attachment Checklist</u>			
400546566	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

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

Total: 0 comment(s)