

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400103166

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: Marina Ayala
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-3664
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19003-00 6. County: GARFIELD
7. Well Name: Story Gulch Unit Well Number: 8501B-36 B36496
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6
Footage at surface: Direction: FNL Distance: 660 Direction: FEL Distance: 1587
As Drilled Latitude: 39.664247 As Drilled Longitude: -108.113311

GPS Data:

Data of Measurement: 03/08/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: Brian Baker

** If directional footage

at Top of Prod. Zone Distance: _____ Direction: FNL Distance: _____ Direction: FEL
Sec: 36 Twp: 4S Rng: 96W
at Bottom Hole Distance: _____ Direction: FNL Distance: _____ Direction: FEL
Sec: 36 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: COC65557

12. Spud Date: (when the 1st bit hit the dirt) 10/25/2010 13. Date TD: 05/22/2010 14. Date Casing Set or D&A: 05/25/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12338 TVD 12227 17 Plug Back Total Depth MD 12260 TVD 12207

18. Elevations GR 8351 KB 8373

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:

RST and Isolation Scanner.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	30	20	53	120	213	120	0
SURF	14+3/4	9+5/8	36	3,074	1,454	3,074	0
2ND	7+7/8	4+1/2	12	12,316	1,345	12,316	2,350

ADDITIONAL CEMENT

Cement work date: _____

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	8,294	12,138	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,139	12,338	<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: Marina Ayala

Title: Permitting Technician Date: _____ Email: marina.ayala@encana.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400103178	LAS-	BCVF-00026_ENCANA_SGU_8501B-36_RST_PSP_009PUP_MAIN.las
400103179	PDS-	BCVF-00030_ENCANA_SGU_8501B-36_IBC.pds
400103182		8501B-36 B36 496 Surface Cement Report.pdf
400103183		Final Directional Survey 8501B-36 B36 496.pdf

Total Attach: 4 Files