

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:

400114662

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: Judith Walter  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19155-00 6. County: GARFIELD  
7. Well Name: GMR Well Number: 8-5D (K8W)  
8. Location: QtrQtr: NESW Section: 8 Township: 7S Range: 93W Meridian: 6  
Footage at surface: Distance: 1919 feet Direction: FSL Distance: 1917 feet Direction: FWL  
As Drilled Latitude: 39.458097 As Drilled Longitude: -107.799928

GPS Data:

Data of Measurement: 10/08/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage

at Top of Prod. Zone Distance: 2288 feet Direction: FNL Distance: 586 feet Direction: FWL  
Sec: 8 Twp: 7S Rng: 93W  
at Bottom Hole Distance: 2310 feet Direction: FNL Distance: 575 feet Direction: FWL  
Sec: 8 Twp: 7S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 07/03/2010 13. Date TD: 07/03/2010 14. Date Casing Set or D&A: 09/09/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11062 TVD 10861 17 Plug Back Total Depth MD 10920 TVD 10719

18. Elevations GR 7826 KB 7848

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 & RST logs

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	26	26	Linepipe	41	1,058	0	41	CALC
SURF	12+1/4	9+5/8	36	1,290	413	0	1,300	CALC
1ST	8+3/4	4+1/2	11.6	11,039	1,107	4,910	11,062	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	6,942	8,068	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,057	10,483	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	10,484	10,720	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,721	11,062	<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: Judith A. Walter

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: judith.walter@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
400114668	CEMENT JOB SUMMARY
400114669	DIRECTIONAL SURVEY
400114893	LAS-CBL 2ND RUN

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)