

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:
400134660

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-56
4. Contact Name: RUTHANN MORSS
Phone: (720) 876-5060
Fax: (720) 876-6060

5. API Number 05-045-12580-00
6. County: GARFIELD
7. Well Name: JUNIPER Well Number: 1-13 (M1E)
8. Location: QtrQtr: SWSW Section: 1 Township: 7S Range: 92W Meridian: 6
Footage at surface: Distance: 1193 feet Direction: FSL Distance: 383 feet Direction: FWL
As Drilled Latitude: 39.472164 As Drilled Longitude: -107.623090

GPS Data:
Data of Measurement: 01/26/2007 PDOP Reading: 2.0 GPS Instrument Operator's Name: L. Vance

** If directional footage
at Top of Prod. Zone Distance: 646 feet Direction: FSL Distance: 637 feet Direction: FWL
Sec: 1 Twp: 7S Rng: 92W
at Bottom Hole Distance: 573 feet Direction: FSL Distance: 644 feet Direction: FWL
Sec: 1 Twp: 7S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: NA

12. Spud Date: (when the 1st bit hit the dirt) 09/14/2006 13. Date TD: 09/28/2006 14. Date Casing Set or D&A: 10/02/2006

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

16. Total Depth MD 5495 TVD 5435 17 Plug Back Total Depth MD 5430 TVD 5370

18. Elevations GR 6128 KB 0
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

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	24+0/0	16+0/0		0	40	5	0	40	CALC
SURF	12+1/4	9+5/8		0	1,520	815	0	1,520	CALC
1ST	8+3/4	4+1/2		0	5,495	880	3,860	5,495	CBL

ADDITIONAL CEMENT

Cement work date: 11/02/2008

Details of work:

1. CBP SET @ 3855'.
2. PERF @ 3650' 4 SPF
3. SET CEMENT RETAINER @ 3490'.
4. PUMPED 120 SX TXI FOLLOWED BY 70 SX G
5. D/O RETAINER AND CEMENT. RAN CBL. TOC @ 2710'
6. TESTED CSG TO 1000 PSI FOR 15 MIN. GOOD. D/O CBP

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	3,650	190	2,710	

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	
WASATCH	0	3,222	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,223	5,495	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

HARDCOPY CBL BEING SENT BY MAIL 2-17-11

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST Date: _____ Email: RUTHANN.MORSS@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
400134714	PDF-

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)