

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

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 6141

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		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	3,705

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		<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: 2/17/2011 Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Name
400134660	FORM 5 SUBMITTED
400134714	PDF-

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)