

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:

400146117

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: Heather Mitchell
Phone: (720) 876-3070
Fax: (720) 876-4070

5. API Number 05-045-18894-00
6. County: GARFIELD
7. Well Name: SHIDELER Well Number: 25-15A (C31E)
8. Location: QtrQtr: NENW Section: 31 Township: 7S Range: 92W Meridian: 6
Footage at surface: Distance: 275 feet Direction: FNL Distance: 530 feet Direction: FWL
As Drilled Latitude: 39.409228 As Drilled Longitude: -107.712246

GPS Data:

Data of Measurement: 09/07/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: Robert Kay

** If directional footage at Top of Prod. Zone Dist.: 1011 feet. Direction: FSL Dist.: 1793 feet. Direction: FEL
Sec: 25 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 1038 feet. Direction: FSL Dist.: 1829 feet. Direction: FEL
Sec: 25 Twp: 7S Rng: 93W

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

11. Federal, Indian or State Lease Number: COC055972E

12. Spud Date: (when the 1st bit hit the dirt) 04/29/2010 13. Date TD: 06/16/2010 14. Date Casing Set or D&A: 06/17/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8936 TVD** 8319 17 Plug Back Total Depth MD 8878 TVD** 8261

18. Elevations GR 6750 KB 6772

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:

Mud, CBL and RST (in the same file)

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	26	16	Line pipe	0	62		0	40	CALC
SURF	12+1/4	9+5/8	36#	0	1,254	412	0	1,254	CALC
2ND	8+3/4	4+1/2	11.6#	0	8,926	1,288	3,000	8,926	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	5,858	8,863	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,864	8,936	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

RST and CBI are in the same file. TOG is 6689'

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

Signed: _____

Print Name: Heather Mitchell

Title: Regulatory Analyst

Date: _____

Email: heather.mitchell@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400146125	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400146124	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400146122	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400146128	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400146129	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)