

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

Document Number:  
400110166

**DRILLING COMPLETION REPORT**

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: Heather Mitchell  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3010  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19110-00 6. County: GARFIELD  
7. Well Name: Story Gulch Unit Well Number: 8505A-25 F25496  
8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6  
Footage at surface: Distance: 2317 feet Direction: FNL Distance: 1866 feet Direction: FWL  
As Drilled Latitude: 39.674207 As Drilled Longitude: -108.119908

GPS Data:

Data of Measurement: 03/08/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brian Baker

\*\* If directional footage at Top of Prod. Zone Dist.: 1544 feet. Direction: FNL Dist.: 711 feet. Direction: FWL  
Sec: 25 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1561 feet. Direction: FNL Dist.: 700 feet. Direction: FWL  
Sec: 25 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC61136

12. Spud Date: (when the 1st bit hit the dirt) 04/05/2010 13. Date TD: 06/18/2010 14. Date Casing Set or D&A: 06/20/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12360 TVD\*\* 12238 17 Plug Back Total Depth MD 12309 TVD\*\* 12187

18. Elevations GR 8298 KB 8320

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	30	20	53	0	120	207	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,021	1,108	0	1,108	CALC
1ST	8+3/4	4+1/2	12	0	12,337	1,774	1,407	12,337	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	8,326	12,275	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,276	12,360	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

TOG: 8743

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: 11/18/2010 Email: heather.mitchell@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400110186	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400110187	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"/>
<b>Other Attachments</b>			
400110166	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400110190	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400110192	PDS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)

