

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



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Document Number:
400114129

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: Marina Ayala
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663
 City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18902-00 6. County: GARFIELD
 7. Well Name: SHIDELER Well Number: 25-15D (C31E)
 8. Location: QtrQtr: NENW Section: 31 Township: 7S Range: 92W Meridian: 6
 Footage at surface: Distance: 292 feet Direction: FNL Distance: 533 feet Direction: FWL
 As Drilled Latitude: 39.409181 As Drilled Longitude: -107.712248

GPS Data:

Data of Measurement: 09/07/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 379 feet. Direction: FSL Dist.: 1713 feet. Direction: FEL
 Sec: 25 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 438 feet. Direction: FSL Dist.: 1842 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) 04/27/2010 13. Date TD: 07/01/2010 14. Date Casing Set or D&A: 07/02/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8892 TVD** 8338 17 Plug Back Total Depth MD 8835 TVD** 8281

18. Elevations GR 6756 KB 6778

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 and RST

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	42	0	40	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,245	413	0	1,245	CALC
2ND	8+3/4	4+1/2	12	0	8,881	1,089	3,910	8,881	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	5,900	8,817	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,818	8,892	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

TOG 6640'

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

Signed: _____ Print Name: Marina Ayala

Title: Permitting Tech Date: 12/7/2010 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400114269	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400114268	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>			
400114129	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400114178	PDS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400114182	IND-DENS-NEU	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)

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