

**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:  
  
400168366

**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-

5. API Number 05-045-19161-00 6. County: GARFIELD  
 7. Well Name: Story Gulch Unit Well Number: 8507A-25 F25496  
 8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6  
 Footage at surface: Distance: 2278 feet Direction: FNL Distance: 1941 feet Direction: FWL  
 As Drilled Latitude: 39.674313 As Drilled Longitude: -108.119642

GPS Data:  
 Data of Measurement: 03/08/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Brian Baker

\*\* If directional footage  
 at Top of Prod. Zone Distance: 1641 feet Direction: FNL Distance: 2020 feet Direction: FEL  
 Sec: 25 Twp: 4S Rng: 96W  
 at Bottom Hole Distance: 1622 feet Direction: FNL Distance: 2004 feet Direction: FEL  
 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) 05/14/2010 13. Date TD: 09/22/2010 14. Date Casing Set or D&A: 09/24/2010

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

16. Total Depth MD 12545 TVD 12403 17 Plug Back Total Depth MD 12502 TVD 12360

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:  
Mud and Triple Combo

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             | 3,041         | 1,109     | 0       | 3,041   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 12    | 0             | 12,526        | 2,251     | 3,934   | 12,545  | 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  | 8,453          | 12,372 | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 12,372         | 12,545 | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

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 Technician Date: \_\_\_\_\_ Email: marina.ayala@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                   |
|-------------|------------------------|
| 400168377   | PDF-MUD                |
| 400168378   | LAS-TRIPLE COMBINATION |
| 400168381   | DIRECTIONAL SURVEY     |
| 400168382   | CEMENT JOB SUMMARY     |

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)