

FORM
5Rev
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:

400189043

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) 876-5905
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4905
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19551-00 6. County: GARFIELD
 7. Well Name: TWIN CREEK Well Number: 12-1C1 (O1EB)
 8. Location: QtrQtr: SWSE Section: 1 Township: 7S Range: 92W Meridian: 6
 Footage at surface: Distance: 836 feet Direction: FSL Distance: 1842 feet Direction: FEL
 As Drilled Latitude: 39.471431 As Drilled Longitude: -107.612401

GPS Data:

Data of Measurement: 01/25/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage

at Top of Prod. Zone Distance: 1075 feet Direction: FNL Distance: 1019 feet Direction: FEL
 Sec: 12 Twp: 7S Rng: 92W
 at Bottom Hole Distance: 1140 feet Direction: FNL Distance: 1015 feet Direction: FEL
 Sec: 12 Twp: 7S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 5250011. Federal, Indian or State Lease Number: COC055972E12. Spud Date: (when the 1st bit hit the dirt) 09/02/2010 13. Date TD: 11/07/2010 14. Date Casing Set or D&A: 11/08/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation
16. Total Depth MD 6175 TVD 5492 17 Plug Back Total Depth MD 6130 TVD 544718. Elevations GR 6062 KB 6084

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, CBL (Triple Combo) and Mud

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	42	0	40	40	0	40	CALC
SURF	12+1/2	9+5/8	36	0	1,173	567	0	1,173	CALC
1ST	8+3/4	4+1/2	12	0	6,175	1,499	673	6,175	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	3,662	6,175	<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
400189053	PDF-MUD
400189063	LAS-TRIPLE COMBINATION

Total Attach: 2 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)