

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:
400200526

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-4905

5. API Number 05-045-18258-00
6. County: GARFIELD
7. Well Name: ENCANA FEE
Well Number: 2-13C (A10E)
8. Location: QtrQtr: NWNW Section: 11 Township: 7S Range: 92W Meridian: 6
Footage at surface: Distance: 433 feet Direction: FNL Distance: 18 feet Direction: FWL
As Drilled Latitude: 39.467606 As Drilled Longitude: -107.643031

GPS Data:
Data of Measurement: 05/10/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage
at Top of Prod. Zone Distance: 212 feet Direction: FNL Distance: 236 feet Direction: FWL
Sec: 11 Twp: 7S Rng: 92W
at Bottom Hole Distance: 207 feet Direction: FSL Distance: 225 feet Direction: FWL
Sec: 2 Twp: 7S Rng: 92W

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) 03/10/2011 13. Date TD: 03/18/2011 14. Date Casing Set or D&A:

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

16. Total Depth MD 6360 TVD 6290 17 Plug Back Total Depth MD 6292 TVD 6222

18. Elevations GR 6046 KB 6068
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 (on same log) 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	128	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,347	658	0	1,382	CALC
1ST	8+3/4	4+1/2	12	0	6,335	2,130	2,540	6,360	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	3,151	6,202	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,203	6,360	<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
400200528	LAS-NEUTRON
400200529	PDF-MUD
400200530	DIRECTIONAL SURVEY
400200531	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)