

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:
400204407

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 05-045-19127-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: 25-1BB (PH25)
 8. Location: QtrQtr: SENE Section: 25 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 1952 feet Direction: FNL Distance: 615 feet Direction: FEL
 As Drilled Latitude: 39.410457 As Drilled Longitude: -108.050871

GPS Data:
 Data of Measurement: 03/07/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage
 at Top of Prod. Zone Distance: 1152 feet Direction: FNL Distance: 653 feet Direction: FEL
 Sec: 25 Twp: 7S Rng: 95W
 at Bottom Hole Distance: 1145 feet Direction: FNL Distance: 673 feet Direction: FEL
 Sec: 25 Twp: 7s Rng: 95w

9. Field Name: PARACHUTE 10. Field Number: 67350
 11. Federal, Indian or State Lease Number: COC27825

12. Spud Date: (when the 1st bit hit the dirt) 11/01/2010 13. Date TD: 12/03/2010 14. Date Casing Set or D&A: 12/04/2010

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

16. Total Depth MD 6676 TVD 6596 17 Plug Back Total Depth MD 6568 TVD 6488

18. Elevations GR 6064 KB 6086 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:
Triple Combo includes RST and CBL, 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+1/4	9+5/8	36	0	1,129	395	0	1,129	CALC
1ST	7+7/8	4+1/2	12	0	6,651	942	4,190	6,651	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	4,269	6,432	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,433	6,676	<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
400204425	LAS-TRIPLE COMBINATION
400204429	PDF-MUD
400204431	DIRECTIONAL SURVEY
400204432	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)