

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:

400207951

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) 876-6905
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19154-00 6. County: GARFIELD
 7. Well Name: GMR Well Number: 8-12C1 (K8W)
 8. Location: QtrQtr: NESW Section: 8 Township: 7S Range: 93W Meridian: 6
 Footage at surface: Distance: 1793 feet Direction: FSL Distance: 1965 feet Direction: FWL
 As Drilled Latitude: 39.457743 As Drilled Longitude: -107.799752

GPS Data:
 Data of Measurement: 06/02/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage
 at Top of Prod. Zone Distance: 1894 feet Direction: FSL Distance: 221 feet Direction: FWL
 Sec: 8 Twp: 7S Rng: 93W
 at Bottom Hole Distance: 1883 feet Direction: FSL Distance: 197 feet Direction: FWL
 Sec: 8 Twp: 7S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500
 11. Federal, Indian or State Lease Number: _____
 12. Spud Date: (when the 1st bit hit the dirt) 01/26/2011 13. Date TD: 04/25/2011 14. Date Casing Set or D&A: 04/27/2011

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

16. Total Depth MD 10084 TVD 9869 17 Plug Back Total Depth MD 9843 TVD 9628

18. Elevations GR 7826 KB 7857 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 (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	60	40	0	60	CALC
SURF	12+1/4	9+5/8	36	0	1,270	418	0	1,270	CALC
1ST	8+3/4	4+1/2	12	0	10,084	1,113	5,005	10,084	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	6,945	10,084	<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
400207965	LAS-NEUTRON
400207967	PDF-MUD
400207983	DIRECTIONAL SURVEY
400207984	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)