

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



DE ET OE ES

Document Number:

400188179

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 05-045-19548-00

6. County: GARFIELD

7. Well Name: TWIN CREEK

Well Number: 12-2A1 (O1EB)

8. Location: QtrQtr: SWSE Section: 1 Township: 7S Range: 92W Meridian: 6

Footage at surface: Distance: 837 feet Direction: FSL Distance: 1859 feet Direction: FEL

As Drilled Latitude: 39.471430 As Drilled Longitude: -107.612463

GPS Data:

Data of Measurement: 01/25/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 81 feet. Direction: FNL Dist.: 1655 feet. Direction: FEL

Sec: 12 Twp: 7S Rng: 92W

** If directional footage at Bottom Hole Dist.: 121 feet. Direction: FNL Dist.: 1645 feet. Direction: FEL

Sec: 12 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) 09/05/2010 13. Date TD: 10/22/2010 14. Date Casing Set or D&A: 10/23/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5769 TVD** 5622 17 Plug Back Total Depth MD 5716 TVD** 5569

18. 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+1/4	9+5/8	36	0	1,161	561	0	1,161	CALC
1ST	8+3/4	4+1/2	12	0	5,760	1,311	670	5,769	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	3,244	5,769	<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: 7/21/2011 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400188198	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400188199	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400188179	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400188194	PDF-ELECTRONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400188195	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)