

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:

400169280

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: Judith Walter

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-3702

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4702

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19162-00

6. County: GARFIELD

7. Well Name: Story Gulch Unit

Well Number: 8513C-24 F25496

8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6

Footage at surface: Distance: 2291 feet Direction: FSL Distance: 1906 feet Direction: FWL

As Drilled Latitude: 39.674278 As Drilled Longitude: -108.119764

GPS Data:

Date of Measurement: 03/08/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 432 feet. Direction: FSL Dist.: 740 feet. Direction: FWL

Sec: 24 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 486 feet. Direction: FSL Dist.: 700 feet. Direction: FWL

Sec: 24 Twp: 4S Rng: 96W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: C61136

12. Spud Date: (when the 1st bit hit the dirt) 04/26/2010 13. Date TD: 11/08/2010 14. Date Casing Set or D&A: 11/11/2010

15. Well Classification:

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

16. Total Depth MD 12910 TVD** 12349 17 Plug Back Total Depth MD 12853 TVD** 12292

18. Elevations GR 8298 KB 8320

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:

CMT Bond Log, RST and Mud, Uploaded CBL and RST in one LAS file identified as Cement bond log.

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	30	20	53	0	120	207	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,015	1,108	0	3,015	CALC
1ST	8+3/4	4+1/2	11.6	0	12,878	2,479	6,020	12,878	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	8,853	12,788	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,789	12,910	<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: Judith Walter

Title: Regulatory Analyst Date: 5/26/2011 Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400169309	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400169308	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>					
400169280	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400169284	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400169290	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)