

Document Number:  
**400200740**

**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 05-045-19121-00 6. County: GARFIELD  
 7. Well Name: Federal Well Number: 25-8 (PH25)  
 8. Location: QtrQtr: SENE Section: 25 Township: 7S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1954 feet Direction: FNL Distance: 660 feet Direction: FEL  
 As Drilled Latitude: 39.410449 As Drilled Longitude: -108.050920

GPS Data:  
 Date of Measurement: 03/07/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1807 feet. Direction: FNL Dist.: 679 feet. Direction: FEL  
 Sec: 25 Twp: 7S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 1796 feet. Direction: FNL Dist.: 703 feet. Direction: FEL  
 Sec: 25 Twp: 7S Rng: 96W

9. Field Name: PARACHUTE 10. Field Number: 67350  
 11. Federal, Indian or State Lease Number: COC27826

12. Spud Date: (when the 1st bit hit the dirt) 10/30/2010 13. Date TD: 12/09/2010 14. Date Casing Set or D&A: 12/10/2010

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

16. Total Depth MD 6645 TVD\*\* 6566 17 Plug Back Total Depth MD 6573 TVD\*\* 6494

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:  
RST, CBL, Isolation Scanner, Induction, Mud

20. Casing, Liner and Cement:

<b>CASING</b>									
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	4	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,130	395	0	1,130	CALC
1ST	7+7/8	4+1/2	11.6	0	6,617	442	2,930	6,617	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
MESAVERDE	3,521	4,238	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,239	6,336	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,337	6,645	<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: 8/29/2011 Email: judith.walter@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400200768	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400200766	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"/>
<b>Other Attachments</b>			
400200740	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200744	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200745	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200754	LAS-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400200763	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	log in scanning	9/8/2011 7:13:15 AM

Total: 1 comment(s)