

DRILLING COMPLETION REPORT

Document Number:

400218021

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 05-045-19125-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: 25-7 (PH25)
 8. Location: QtrQtr: SENE Section: 25 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 1965 feet Direction: FNL Distance: 692 feet Direction: FEL
 As Drilled Latitude: 39.410429 As Drilled Longitude: -108.051134

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

** If directional footage at Top of Prod. Zone Dist.: 2204 feet. Direction: FNL Dist.: 1976 feet. Direction: FEL
 Sec: 25 Twp: 7S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 2213 feet. Direction: FNL Dist.: 1995 feet. Direction: FEL
 Sec: 25 Twp: 7S Rng: 96W

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) 10/16/2010 13. Date TD: 01/10/2011 14. Date Casing Set or D&A: 01/11/2011

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

16. Total Depth MD 6765 TVD** 6545 17 Plug Back Total Depth MD 6668 TVD** 6448

18. Elevations GR 6064 KB 6087
 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 (same log), IBC 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+3/4	9+5/8	36	0	1,158	376	0	1,158	CALC
1ST	7+7/8	4+1/2	12	0	6,765	668	4,020	6,765	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,661	250	4,020	6,765

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	
WILLIAMS FORK	4,361	6,495	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,496	6,765	<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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)