

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



DE ET OE ES

Document Number:  
400213190

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  
2. Name of Operator: ENCANA OIL & GAS (USA) INC  
3. Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-  
4. Contact Name: Marina Ayala  
Phone: (720) 876-5905  
Fax: (720) 876-6905

5. API Number 05-045-20184-00  
6. County: GARFIELD  
7. Well Name: Benjamin Federal  
Well Number: 28-12C2 (K28NW)  
8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 93W Meridian: 6  
Footage at surface: Distance: 1645 feet Direction: FSL Distance: 2426 feet Direction: FWL  
As Drilled Latitude: 39.494445 As Drilled Longitude: -107.780835

GPS Data:  
Date of Measurement: 06/13/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1332 feet. Direction: FSL Dist.: 252 feet. Direction: FWL  
Sec: 28 Twp: 6S Rng: 93W  
\*\* If directional footage at Bottom Hole Dist.: 1319 feet. Direction: FSL Dist.: 248 feet. Direction: FWL  
Sec: 28 Twp: 6S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500  
11. Federal, Indian or State Lease Number: COC052583

12. Spud Date: (when the 1st bit hit the dirt) 01/13/2011 13. Date TD: 05/29/2011 14. Date Casing Set or D&A: 05/30/2011

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

16. Total Depth MD 9095 TVD\*\* 9698 17 Plug Back Total Depth MD 9050 TVD\*\* 9653

18. Elevations GR 5940 KB 5962  
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), PEX amd Mud.  
Was not able to upload Mud Log file to big.  
Sending hard copy only.

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	1,434	452	0	1,434	CALC
1ST	8+3/4	4+1/2	12	0	9,095	1,164	4,080	9,095	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	
WILLIAMS FORK	5,124	8,914	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,915	9,095	<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: 10/10/2011 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400213370	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072720	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>			
400213190	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400213194	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400213197	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REMOVED CORRUPT D/S AND ATTACHED ANOTHER ONE	10/19/2011 10:46:09 AM
Permit	REC HARD COPY LOGS DOC# 2203955-58 , IN SCANNING. REQ D/S, THE ONE ATTACHED COULD NOT BE OPENED BY OUR SYSTEM	10/19/2011 9:16:22 AM

Total: 2 comment(s)