

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:

400139261

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 05-045-19080-00 6. County: GARFIELD
 7. Well Name: Story Gulch Unit Well Number: 8504A-25 F25496
 8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 2302 feet Direction: FNL Distance: 1890 feet Direction: FWL
 As Drilled Latitude: 39.674248 As Drilled Longitude: -108.119824

GPS Data:

Date of Measurement: 03/08/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 224 feet. Direction: FNL Dist.: 721 feet. Direction: FWL
Sec: 25 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 196 feet. Direction: FNL Dist.: 680 feet. Direction: FWL
Sec: 25 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: COC61136

12. Spud Date: (when the 1st bit hit the dirt) 04/17/2010 13. Date TD: 08/12/2010 14. Date Casing Set or D&A: 08/15/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12720 TVD** 12363 17 Plug Back Total Depth MD 12638 TVD** 12254

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:

RST, IBC and Mud Logs

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	194	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,025	1,108	0	3,025	CALC
1ST	8+3/4	4+1/2	11.6	0	12,697	2,128	2,468	12,702	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	8,621	12,571	<input type="checkbox"/>	<input type="checkbox"/>	Top of Gas @ 8671'
ROLLINS	12,572	12,720	<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: 3/3/2011 Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400139275	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400139274	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>			
400139261	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400139265	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400139272	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400139273	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	RST LOG DOC# 2548339, REQ RE-INDEXED TO THIS WELL	5/10/2011 12:55:47 PM
Permit	REQ RST LOG	5/4/2011 10:53:27 AM

Total: 2 comment(s)