

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



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Document Number:

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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: 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 05-045-20207-00 6. County: GARFIELD  
 7. Well Name: FIVE R Well Number: 15-1HM (C10OU)  
 8. Location: QtrQtr: NENW Section: 10 Township: 8S Range: 96W Meridian: 6  
 Footage at surface: Distance: 989 feet Direction: FNL Distance: 1538 feet Direction: FWL  
 As Drilled Latitude: 39.368767 As Drilled Longitude: -108.099265

GPS Data:  
Data of Measurement: 08/09/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1176 feet. Direction: FNL Dist.: 2480 feet. Direction: FWL  
Sec: 10 Twp: 8S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1778 feet. Direction: FSL Dist.: 566 feet. Direction: FWL  
Sec: 14 Twp: 8S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: COC58674

12. Spud Date: (when the 1st bit hit the dirt) 02/09/2011 13. Date TD: 05/30/2011 14. Date Casing Set or D&A: 06/01/2011

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

16. Total Depth MD 14129 TVD\*\* 7459 17 Plug Back Total Depth MD 6800 TVD\*\* 6698

18. Elevations GR 5568 KB 5590 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	30	20	53	0	40	40	0	40	CALC
SURF	14+3/4	10+3/4	40.50	0	1,545	868	0	1,545	CALC
1ST	9+7/8	7+5/8	26.40	0	6,690	840	2,850	6,690	CALC
2ND	6+3/4	5	23.20	0	13,996	635	2,960	14,129	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

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

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	2,838	50	1,430	2,850

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	
ROLLINS	5,035	5,316	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	5,317	5,564	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	5,565	6,456	<input type="checkbox"/>	<input type="checkbox"/>	
CASTLEGATE	6,457	7,684	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	7,685	14,129	<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

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**General Comments**

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

Total: 0 comment(s)