

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:
400224398

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 05-045-20325-00
6. County: GARFIELD
7. Well Name: KEINATH FEDERAL
Well Number: 9-12H2 (C10OU)
8. Location: QtrQtr: NENW Section: 10 Township: 8S Range: 96W Meridian: 6
Footage at surface: Distance: 1030 feet Direction: FNL Distance: 1537 feet Direction: FWL
As Drilled Latitude: 39.368648 As Drilled Longitude: -108.099265

GPS Data:
Date 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.: 876 feet. Direction: FNL Dist.: 310 feet. Direction: FEL
Sec: 9 Twp: 8S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2402 feet. Direction: FSL Dist.: 1124 feet. Direction: FWL
Sec: 9 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) 02/12/2011 13. Date TD: 06/20/2011 14. Date Casing Set or D&A: 06/25/2011

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

16. Total Depth MD 13680 TVD** 8449 17 Plug Back Total Depth MD 13548 TVD** 8454

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) 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	1,549	870	0	1,549	CALC
1ST	9+7/8	7+5/8	29.70	0	7,490	926	3,280	7,490	CALC
2ND	6+1/2	5	23.20	0	13,650	575	3,670	13,680	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	
ROLLINS	5,079	5,358	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	5,359	5,597	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	5,598	6,995	<input type="checkbox"/>	<input type="checkbox"/>	
CASTLEGATE	6,996	7,207	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	7,208	8,922	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	8,923	13,680	<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: 11/16/2011 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400224411	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400224410	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"/>
Other Attachments			
400224398	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400224406	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400224407	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	req'd LAS of RMT. paper logs RST/SM/GR/CCL 2445128 CBL/CBL/VDL/GR/CCL 2445127 MUD 2445126 in scanning.	11/21/2011 8:01:47 AM

Total: 1 comment(s)