

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:

400128356

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: Judith Walter
Phone: (720) 876-3702
Fax: (720) 876-4702

5. API Number 05-045-19001-00
6. County: GARFIELD
7. Well Name: Story Gulch Unit
Well Number: 8508B-36 B36496
8. Location: QtrQtr: LOT 2 Section: 36 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 685 feet Direction: FNL Distance: 1599 feet Direction: FEL
As Drilled Latitude: 39.664177 As Drilled Longitude: -108.113354

GPS Data:

Date of Measurement: 03/03/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1774 feet. Direction: FNL Dist.: 662 feet. Direction: FEL

Sec: 36 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1772 feet. Direction: FNL Dist.: 700 feet. Direction: FEL

Sec: 36 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC65557

12. Spud Date: (when the 1st bit hit the dirt) 05/26/2010 13. Date TD: 07/20/2010 14. Date Casing Set or D&A: 07/21/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12395 TVD** 12261 17 Plug Back Total Depth MD 12340 TVD** 12206

18. Elevations GR 8351 KB 8373

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 and Isolation Scanner (Cement Bond Log), all in one .las file uploaded.

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	213	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,032	1,108	0	3,032	CALC
1ST	8+3/4	4+1/2	11.6	0	12,363	1,836	900	12,363	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	8,293	12,117	<input type="checkbox"/>	<input type="checkbox"/>	Top of Gas 8639'
ROLLINS	12,118	12,395	<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 Anaylst Date: 1/27/2011 Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400128428	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400128391	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>			
400128356	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400128387	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Emailed Judith, request for CBL and Triple Combo logs.	9/14/2011 12:54:25 PM
Permit	Per comments by opr. RST and CBL in one hard copy log	4/21/2011 8:33:40 AM

Total: 2 comment(s)