

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:  
400256098

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 05-103-11885-00  
6. County: RIO BLANCO  
7. Well Name: HH Well Number: 9102-14 G152104  
8. Location: QtrQtr: 2 Section: 15 Township: 2S Range: 104W Meridian: 6  
Footage at surface: Distance: 1560 feet Direction: FNL Distance: 471 feet Direction: FWL  
As Drilled Latitude: 39.877081 As Drilled Longitude: -109.048776

GPS Data:  
Date of Measurement: 10/14/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1291 feet. Direction: FNL Dist.: 404 feet. Direction: FEL  
Sec: 15 Twp: 2S Rng: 104W

\*\* If directional footage at Bottom Hole Dist.: 675 feet. Direction: FNL Dist.: 2338 feet. Direction: FEL  
Sec: 14 Twp: 1S Rng: 104W

9. Field Name: HELLS HOLE CANYON 10. Field Number: 34175  
11. Federal, Indian or State Lease Number: COC50014

12. Spud Date: (when the 1st bit hit the dirt) 10/20/2011 13. Date TD: 11/02/2011 14. Date Casing Set or D&A: 11/06/2011

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

16. Total Depth MD 8647 TVD\*\* 4138 17 Plug Back Total Depth MD 8639 TVD\*\* 4130

18. Elevations GR 6966 KB 6988  
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:  
CBL

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	378	0	120	CALC
SURF	14+3/4	10+3/4	40.50	0	830	135	0	830	CALC
1ST	9+7/8	7+5/8	26.40	0	3,531	361	0	3,531	CALC
2ND	6+3/4	4+1/2	13.50	0	8,644	587	2,628	8,647	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	
SEGO	2,094	2,848	<input type="checkbox"/>	<input type="checkbox"/>	
CASTLEGATE	3,059	3,896	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,897	8,647	<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

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400256230	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400256229	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>			
400256208	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400256209	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400256240	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)