

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:
400260771

Date Received:

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 05-077-10113-00
6. County: MESA
7. Well Name: ORCHARD UNIT
Well Number: 18-9HM (K20OU)
8. Location: QtrQtr: NESW Section: 20 Township: 8S Range: 96W Meridian: 6
Footage at surface: Distance: 1459 feet Direction: FSL Distance: 1689 feet Direction: FWL
As Drilled Latitude: 39.332089 As Drilled Longitude: -108.135200

GPS Data:
Date of Measurement: 09/27/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2366 feet. Direction: FSL Dist.: 1320 feet. Direction: FWL
Sec: 20 Twp: 8S Rng: 96W
** If directional footage at Bottom Hole Dist.: 1879 feet. Direction: FSL Dist.: 605 feet. Direction: FEL
Sec: 18 Twp: 8S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
11. Federal, Indian or State Lease Number: COC58675

12. Spud Date: (when the 1st bit hit the dirt) 02/06/2011 13. Date TD: 08/03/2011 14. Date Casing Set or D&A: 08/05/2011

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

16. Total Depth MD 12442 TVD** 7001 17 Plug Back Total Depth MD 12337 TVD** 6896

18. Elevations GR 5929 KB 5951
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 (included in Neutron 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	1,562	853	0	1,562	CALC
1ST	9+7/8	7+5/8	26.40	0	6,742	282	3,550	6,742	CALC
2ND	6+1/2	5	23.20	0	12,410	507	5,030	12,442	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	2,998	574	1,350	3,550

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	4,839	5,092	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	5,093	5,320	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	5,321	6,607	<input type="checkbox"/>	<input type="checkbox"/>	
CASTLEGATE	6,608	7,342	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	7,343	12,442	<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 ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400260968	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>			
400260822	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400260850	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400260952	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400260984	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)