

**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:

400259764

Date Received:

03/14/2012

**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: <u>100185</u>	4. Contact Name: <u>Marina Ayala</u>
2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>	Phone: <u>(720) 876-5905</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6905</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-045-19160-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Story Gulch Unit</u>	Well Number: <u>8515A-24 F25496</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>25</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2276</u> feet Direction: <u>FNL</u> Distance: <u>1930</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.674319</u> As Drilled Longitude: <u>-108.119681</u>	

GPS Data:

Data of Measurement: 03/08/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Brian Baker

\*\* If directional footage at Top of Prod. Zone Dist.: 1065 feet. Direction: FSL Dist.: 1965 feet. Direction: FEL

Sec: 24 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1077 feet. Direction: FSL Dist.: 1976 feet. Direction: FEL

Sec: 24 Twp: 4S Rng: 96W

9. Field Name: <u>GRAND VALLEY</u>	10. Field Number: <u>31290</u>
11. Federal, Indian or State Lease Number: <u>COC64814</u>	

12. Spud Date: (when the 1st bit hit the dirt) <u>05/08/2010</u>	13. Date TD: <u>12/16/2010</u>	14. Date Casing Set or D&A: <u>12/17/2010</u>
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15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD <u>13235</u> TVD** <u>12367</u>	17 Plug Back Total Depth MD <u>13195</u> TVD** <u>12327</u>
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18. Elevations GR <u>8298</u> KB <u>8320</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

RST, CBL (included in Triple Combo) 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	120	207	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,016	1,108	0	3,016	CALC
1ST	8+3/4	4+1/2	11.60	0	13,217	2,350	5,150	13,235	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	9,256	13,196	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	13,197	13,235	<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: 3/14/2012 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400259786	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400259784	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><u>Other Attachments</u></b>			
400259764	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400259771	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400259773	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400261278	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)