

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:

400272859

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 4. Contact Name: Judith Walter
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20764-00 6. County: GARFIELD
 7. Well Name: Encana Fee Well Number: 19-11B (K19CNE)
 8. Location: QtrQtr: LOT 3 Section: 19 Township: 6S Range: 92W Meridian: 6
 Footage at surface: Distance: 2318 feet Direction: FSL Distance: 413 feet Direction: FWL
 As Drilled Latitude: 39.511890 As Drilled Longitude: -107.713481

GPS Data:

Date of Measurement: 11/08/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2389 feet. Direction: FSL Dist.: 1455 feet. Direction: FWL
Sec: 19 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 2265 feet. Direction: FSL Dist.: 1477 feet. Direction: FWL
Sec: 19 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/24/2011 13. Date TD: 02/05/2012 14. Date Casing Set or D&A: 02/06/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8180 TVD** 8062 17 Plug Back Total Depth MD 7719 TVD** 7601

18. Elevations GR 5665 KB 5687 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, Mud and Temp Log

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	26	16	42	0	72	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,326	413	0	1,034	CALC
1ST	8+3/4	4+1/2	11.6	0	8,137	1,588	2,554	8,180	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	4,414	7,473	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,474	8,180	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No hard copy of the temperature log.

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 Analyst Date: _____ Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400272866	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400272865	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>			
400272861	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400272862	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400272864	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400272867	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)