

FORM
5Rev
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:

400273612

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: Marina Ayala

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5905

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6905

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20187-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: 11-7C (RD-11)

8. Location: QtrQtr: NWNW Section: 11 Township: 7S Range: 94W Meridian: 6

Footage at surface: Distance: 1043 feet Direction: FNL Distance: 1214 feet Direction: FWL

As Drilled Latitude: 39.457503 As Drilled Longitude: -107.859208

GPS Data:

Data of Measurement: 12/02/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2036 feet. Direction: FNL Dist.: 2596 feet. Direction: FWL

Sec: 11 Twp: 7S Rng: 94W

** If directional footage at Bottom Hole Dist.: 2061 feet. Direction: FNL Dist.: 2653 feet. Direction: FWL

Sec: 11 Twp: 7S Rng: 94W

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC56040

12. Spud Date: (when the 1st bit hit the dirt) 08/23/2011 13. Date TD: 09/27/2011 14. Date Casing Set or D&A: 09/30/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9570 TVD** 9398 17 Plug Back Total Depth MD 9506 TVD** 9334

18. Elevations GR 6388 KB 6410

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 on 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	26	16	42	0	40	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,432	460	0	1,432	CALC
1ST	8+3/4	4+1/2	11.6	0	9,552	1,348	2,992	9,570	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	
MESAVERDE	5,098	5,760	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,761	8,558	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,559	8,965	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,966	9,233	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,234	9,570	<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@encaan.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400273647	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400273644	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>					
400273646	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273648	LAS-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273665	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

--	--	--

Total: 0 comment(s)