

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:
400272209

Date Received:
04/13/2012

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: 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 05-045-20186-00 6. County: GARFIELD
 7. Well Name: FEDERAL SAVAGE Well Number: 11-3B (RD-11)
 8. Location: QtrQtr: NWNW Section: 11 Township: 7S Range: 94W Meridian: 6
 Footage at surface: Distance: 1033 feet Direction: FNL Distance: 1218 feet Direction: FWL
 As Drilled Latitude: 39.457528 As Drilled Longitude: -107.859196

GPS Data:
 Date 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.: 617 feet. Direction: FNL Dist.: 1343 feet. Direction: FWL

Sec: 11 Twp: 7S Rng: 94W

** If directional footage at Bottom Hole Dist.: 597 feet. Direction: FNL Dist.: 1354 feet. Direction: FWL

Sec: 11 Twp: 7S Rng: 94W

9. Field Name: RULISON 10. Field Number: 75400

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/24/2011 13. Date TD: 09/20/2011 14. Date Casing Set or D&A: 09/21/2011

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

16. Total Depth MD 8310 TVD** 9285 17 Plug Back Total Depth MD 9228 TVD** 9203

18. Elevations GR 6384 KB 6406 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 | 1,391 | 450 | 0 | 1,391 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 9,293 | 1,348 | 2,970 | 9,310 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf 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 | 4,907 | 5,563 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WILLIAMS FORK | 5,564 | 8,359 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 8,360 | 8,719 | <input type="checkbox"/> | <input type="checkbox"/> | |
| COZZETTE | 8,720 | 9,027 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CORCORAN | 9,028 | 9,310 | <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: 4/13/2012 Email: marina.ayala@encana.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400272212 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400272210 | 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"/> |
| Other Attachments | | | |
| 400272209 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400272211 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400272213 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400272217 | LAS-NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|-------------------|---|--------------------------|
| Permit | Off Hold. Recieved mud log. | 7/16/2012 11:17:33 AM |
| Permit | On Hold. Changed BHL per operator. Mud log being sent over today. | 6/18/2012 11:04:56 AM |
| Permit | On Hold. Missing paper mud log requested verification of BHL. | 6/15/2012 11:21:26 AM |

Total: 3 comment(s)