

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:

400238612

Date Received:

08/07/2012

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
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 05-045-19536-00
6. County: GARFIELD
7. Well Name: TWIN CREEK
Well Number: 1-10B1 (O1EB)
8. Location: QtrQtr: SWSE Section: 1 Township: 7S Range: 92W Meridian: 6
Footage at surface: Distance: 845 feet Direction: FSL Distance: 1868 feet Direction: FEL
As Drilled Latitude: 39.471451 As Drilled Longitude: -107.612492

GPS Data:

Date of Measurement: 01/25/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 663 feet. Direction: FNL Dist.: 1967 feet. Direction: FEL
Sec: 1 Twp: 7S Rng: 92W

** If directional footage at Bottom Hole Dist.: 212 feet. Direction: FNL Dist.: 2018 feet. Direction: FEL
Sec: 1 Twp: 7S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC55972E

12. Spud Date: (when the 1st bit hit the dirt) 09/06/2010 13. Date TD: 10/16/2010 14. Date Casing Set or D&A: 10/17/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6265 TVD** 5920 17 Plug Back Total Depth MD 6211 TVD** 5866

18. Elevations GR 6062 KB 6084
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 (same log 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	26	16	42	0	62	4	0	62	CALC
SURF	12+1/4	9+5/8	36	0	1,160	561	0	1,160	CALC
1ST	8+3/4	4+1/2	12	0	6,255	1,234	2,230	6,265	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	3,029	6,134	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,135	6,265	<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: 8/7/2012 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400238633	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1533544	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>			
400238612	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400238623	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400238625	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400238630	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400313611	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314184	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	off hold; attached PDF of DS.	8/23/2012 2:29:20 PM
Permit	still on hold; uploaded dir. template; still need PDF of DS.	3/9/2012 7:06:06 AM
Permit	on hold; need dir. template and PDF of DS doesn't open.	3/7/2012 2:12:15 PM

Total: 3 comment(s)