

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:

400330784

Date Received:

09/26/2012

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 05-045-20413-00  
6. County: GARFIELD  
7. Well Name: HMU Federal Well Number: 16-11D (J16W)  
8. Location: QtrQtr: NWSE Section: 16 Township: 7S Range: 93W Meridian: 6  
Footage at surface: Distance: 1728 feet Direction: FSL Distance: 1666 feet Direction: FEL  
As Drilled Latitude: 39.443207 As Drilled Longitude: -107.775690

GPS Data:  
Date of Measurement: 10/20/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1363 feet. Direction: FSL Dist.: 2368 feet. Direction: FWL  
Sec: 16 Twp: 7S Rng: 93W

\*\* If directional footage at Bottom Hole Dist.: 1366 feet. Direction: FSL Dist.: 2358 feet. Direction: FWL  
Sec: 16 Twp: 7S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500  
11. Federal, Indian or State Lease Number: COC55604

12. Spud Date: (when the 1st bit hit the dirt) 01/04/2012 13. Date TD: 02/06/2012 14. Date Casing Set or D&A: 02/07/2012

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

16. Total Depth MD 9915 TVD\*\* 9815 17 Plug Back Total Depth MD 8770 TVD\*\* 8670

18. Elevations GR 7645 KB 7667  
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 in 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	72	40	0	72	CALC
SURF	12+1/4	9+5/8	36	0	1,568	434	0	1,568	CALC
1ST	8+3/4	4+1/2	11.6	0	9,884	926	5,400	9,915	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	
WILLIAMS FORK	6,141	9,721	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,722	9,915	<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: 9/26/2012 Email: marina.ayala@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400330848	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400330839	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>			
400330784	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400330785	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400330795	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400330846	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)