

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



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Document Number:
400356115

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 05-045-19159-00 6. County: GARFIELD
 7. Well Name: Story Gulch Unit Well Number: 8513A-24 F25496
 8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 2286 feet Direction: FNL Distance: 1913 feet Direction: FWL
 As Drilled Latitude: 39.674290 As Drilled Longitude: -108.119741

GPS Data:
 Date of Measurement: 03/08/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1136 feet. Direction: FSL Dist.: 738 feet. Direction: FWL
 Sec: 24 Twp: 4S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1158 feet. Direction: FSL Dist.: 706 feet. Direction: FWL
 Sec: 24 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: COC64814

12. Spud Date: (when the 1st bit hit the dirt) 04/29/2010 13. Date TD: 10/29/2010 14. Date Casing Set or D&A: 10/30/2010

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

16. Total Depth MD 13224 TVD** 12398 17 Plug Back Total Depth MD 13181 TVD** 12355

18. Elevations GR 8298 KB 8320 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	30	20	53	0	120	207	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,035	1,108	22	3,035	CALC
1ST	8+3/4	4+1/2	11.6	0	13,204	2,340	2,325	13,224	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	9,149	13,077	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	13,078	13,224	<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@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400356158	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400356157	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>			
400356132	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400356135	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400356141	PDS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400356159	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)