

FORM
5Rev
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:

400150585

Date Received:

04/06/2011

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) 876-3663

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4663

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19115-00

6. County: GARFIELD

7. Well Name: Story Gulch Unit

Well Number: 8505D-36 B36496

8. Location: QtrQtr: LOT 2 Section: 36 Township: 4S Range: 96W Meridian: 6

Footage at surface: Distance: 707 feet Direction: FNL Distance: 1618 feet Direction: FEL

As Drilled Latitude: 39.664122 As Drilled Longitude: -108.113433

GPS Data:

Data of Measurement: 10/18/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2440 feet. Direction: FNL Dist.: 666 feet. Direction: FWL

Sec: 36 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2445 feet. Direction: FNL Dist.: 625 feet. Direction: FWL

Sec: 36 Twp: 4S Rng: 96

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC65557

12. Spud Date: (when the 1st bit hit the dirt) 06/10/2010 13. Date TD: 09/18/2010 14. Date Casing Set or D&A: 09/19/2010

15. Well Classification:

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

16. Total Depth MD 12740 TVD** 11962 17 Plug Back Total Depth MD 12685 TVD** 11907

18. Elevations GR 8351 KB 8373

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 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	52	0	120	207	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,077	1,108	0	3,077	CALC
2ND	8+3/4	4+1/2	12	0	12,710	2,199	1,610	12,740	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	8,979	12,579	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,579	12,740	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The Neuton Log submitted is a combination of the CBL and RST.

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: 4/6/2011 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400150736	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400150735	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>					
400150585	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400150631	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400150734	LAS-NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Re-emailed operator for CBL.	3/6/2012 8:55:34 AM
Engineer	Emailed operator for CBL, the form 5 indicated they sibmitted one, but it is not in Document Images.	2/28/2012 10:51:50 AM

Total: 2 comment(s)