

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:
400426279

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: Judith Walter
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20930-00 6. County: GARFIELD
 7. Well Name: STORY GULCH Well Number: 8513D-25 D36496
 8. Location: QtrQtr: Lot 4 Section: 36 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 286 feet Direction: FNL Distance: 1089 feet Direction: FWL
 As Drilled Latitude: 39.665264 As Drilled Longitude: -108.122697

GPS Data:
 Date of Measurement: 12/29/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 404 feet. Direction: FSL Dist.: 693 feet. Direction: FWL

Sec: 25 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 393 feet. Direction: FSL Dist.: 669 feet. Direction: FWL

Sec: 25 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
 11. Federal, Indian or State Lease Number: COC61136

12. Spud Date: (when the 1st bit hit the dirt) 09/21/2012 13. Date TD: 10/03/2012 14. Date Casing Set or D&A: 10/04/2012

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

16. Total Depth MD 12110 TVD** 12065 17 Plug Back Total Depth MD 12068 TVD** 12023

18. Elevations GR 8290 KB 8312 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:
CBL, CCL, Gamma-Ray, Mud Log

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	170	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,025	1,136	0	3,045	CALC
1ST	7+7/8	4+1/2	11.6	0	12,090	2,081	2,262	12,110	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	8,057	11,967	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,968	12,110	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note that this well is in the Big Jimmy Unit and the BHL is in the COC74105A PA.
The Log that is identified as the Cement Bond Log - includes CCL, and Gamma Ray.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Judith Walter

Title: Regulatory Analyst Date: _____ Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400426303	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400426306	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>			
400426287	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426289	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400426310	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)