

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:
400456926

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: Kelly Hamden
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5185
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21802-00 6. County: GARFIELD
 7. Well Name: ALP Fee Well Number: 24-6AA (J24NW)
 8. Location: QtrQtr: NWSE Section: 24 Township: 6S Range: 93W Meridian: 6
 Footage at surface: Distance: 2476 feet Direction: FSL Distance: 1882 feet Direction: FEL
 As Drilled Latitude: 39.511567 As Drilled Longitude: -107.721609

GPS Data:
 Date of Measurement: 04/23/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1788 feet. Direction: FNL Dist.: 2203 feet. Direction: FWL
 Sec: 24 Twp: 6S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 1788 feet. Direction: FNL Dist.: 2203 feet. Direction: FWL
 Sec: 24 Twp: 6S Rng: 93W

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

12. Spud Date: (when the 1st bit hit the dirt) 05/06/2013 13. Date TD: 07/01/2013 14. Date Casing Set or D&A: 07/02/2013

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

16. Total Depth MD 5969 TVD** 5736 17 Plug Back Total Depth MD 5400 TVD** 5167

18. Elevations GR 5680 KB 5702 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:
 Mud logs

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	42.09	0	43	114	0	43	
SURF	8+3/4	9+5/8	36.0	0	1,046	395	0	1,046	
1ST	7+7/8	4+1/2	11.60	0	7,993	949	3,373	7,993	

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

****Please note:**

Cement plug was set and a sidetrack was kicked off the cement plug. Directional footage at Top of Production Zone is listed as the same as the Directional Footage at the Bottom Hole Location. Thus, there is no production from this wellbore, only from the sidetrack.

In addition, we were unable to list the Formation Information because the Geologists stated there was not any Top Perforation Measurements listed in the Petra for ALP FEE 24-6AA at the time of the due date for this Drilling Completions Report; though it would be declared once the entire well was logged.

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

Signed: _____ Print Name: Kelly Hamden

Title: Permitting Analyst Date: _____ Email: Kelly.Hamden@Encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400456996	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400456981	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"/>
400456942	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400456933	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400456988	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)