| 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 **DRILLING COMPLETION REPORT** | DE | ET | OE | ES |

Document Number:

400458355

Date Received:

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    05-045-21607-00                              6. County:        GARFIELD

7. Well Name:      MCU                                    Well Number:  26-5C (I27W)

8. Location:   QtrQtr:   NESE      Section:   27    Township:   7S      Range:  93W      Meridian:   6

   Footage at surface:   Distance:   1984   feet   Direction:   FSL      Distance:   470   feet   Direction:   FEL

   As Drilled Latitude:    39.415616        As Drilled Longitude:    -107.752760

GPS Data:

   Data of Measurement:  08/28/2012     PDOP Reading:  2.2    GPS Instrument Operator's Name:    Brandon Birdsall

   ** If directional footage at Top of Prod. Zone    Dist.:  2313  feet. Direction:   FNL      Dist.:  988  feet. Direction:  FWL

                                Sec:    26      Twp:   7S      Rng:  93W

   ** If directional footage at Bottom Hole    Dist.:  2319  feet. Direction:   FNL      Dist.:  1003  feet. Direction:  FWL

                                Sec:    26      Twp:   7S      Rng:  93W

9. Field Name:  MAMM CREEK                            10. Field Number:     52500

11. Federal, Indian or State Lease Number:    COC69616

12. Spud Date: (when the 1st bit hit the dirt)  09/29/2012  13. Date TD:  10/28/2012  14. Date Casing Set or D&A:    10/28/2012

15. Well Classification:

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

16. Total Depth   MD   9448    TVD**  9237    17 Plug Back Total Depth   MD   9400    TVD**   9188

18. Elevations   GR  7201    KB   7224    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, Mudlogs

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 | 40 | 0 | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 1,473 | 464 | 0 | 1,490 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.60 | 0 | 9,448 | 927 | 4,950 | 9,448 | 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 | 7,266 | 9,207 | ☐ | ☐ |  |

Comment:

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

| Att Doc Num | Document Name | Yes | | No | |
|---|---|---|---|---|---|
| 400458461 | CMT Summary * | Yes | ☒ | No | ☐ |
|  | Core Analysis | Yes | ☐ | No | ☒ |
| 400458460 | Directional Survey ** | Yes | ☒ | No | ☐ |
|  | DST Analysis | Yes | ☐ | No | ☒ |
|  | Logs | Yes | ☒ | No | ☐ |
| 400458367 | Other | Yes | ☒ | No | ☐ |

Other Attachments

| Att Doc Num | Document Name | Yes | | No | |
|---|---|---|---|---|---|
| 400458356 | LAS-CEMENT BOND | Yes | ☒ | No | ☐ |
| 400458365 | LAS-MUD | Yes | ☒ | No | ☐ |
| 400458434 | DIRECTIONAL DATA | Yes | ☒ | No | ☐ |

## General Comments

| User Group | Comment | Comment Date |
|---|---|---|
|  |  |  |

Total: 0 comment(s)