

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400471639

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 05-045-20768-00 6. County: GARFIELD
 7. Well Name: ENCANA FEE Well Number: 24-8B1 (K19CNE)
 8. Location: QtrQtr: LOT 3 Section: 19 Township: 6S Range: 92W Meridian: 6
 Footage at surface: Distance: 3469 feet Direction: FSL Distance: 319 feet Direction: FWL
 As Drilled Latitude: 39.511601 As Drilled Longitude: -107.713790

GPS Data:
 Date of Measurement: 01/14/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1680 feet. Direction: FNL Dist.: 614 feet. Direction: FEL
 Sec: 24 Twp: 6S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 1713 feet. Direction: FNL Dist.: 632 feet. Direction: FEL
 Sec: 24 Twp: 6S Rng: 93W

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

12. Spud Date: (when the 1st bit hit the dirt) 02/01/2013 13. Date TD: 04/06/2013 14. Date Casing Set or D&A: 04/07/2013

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

16. Total Depth MD 7900 TVD** 7687 17 Plug Back Total Depth MD 7832 TVD** 7619

18. Elevations GR 5665 KB 5687 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, Temperature, 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	82	0	0	82	CALC
SURF	12+1/4	9+5/8	36.0	0	1,349	480	0	1,349	CALC
1ST	8+3/4	4+1/2	11.6	0	7,879	963	0	7,879	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	
MESAVERDE	3,955	4,639	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,639	7,730	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,730	7,900	<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: Kelly Hamden

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400471810	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400471812	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"/>
400471653	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400471648	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471651	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471652	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400471815	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)