

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:

400481504

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: (720) 876-6185  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20921-00 6. County: GARFIELD  
 7. Well Name: STORY GULCH Well Number: 8507B-35 D36496  
 8. Location: QtrQtr: LOT 4 Section: 36 Township: 4S Range: 96W Meridian: 6  
 Footage at surface: Distance: 396 feet Direction: FNL Distance: 1042 feet Direction: FWL  
 As Drilled Latitude: 39.664963 As Drilled Longitude: -108.122868

GPS Data:

Data of Measurement: 02/10/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1774 feet. Direction: FNL Dist.: 1783 feet. Direction: FEL

Sec: 35 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1776 feet. Direction: FNL Dist.: 1809 feet. Direction: FEL

Sec: 35 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: COC61138

12. Spud Date: (when the 1st bit hit the dirt) 02/20/2013 13. Date TD: 04/30/2013 14. Date Casing Set or D&A: 05/01/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12470 TVD\*\* 11792 17 Plug Back Total Depth MD 12429 TVD\*\* 11751

18. Elevations GR 8290 KB 8320 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:

Cement Bond, Casing Evaluation, and 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	30	30	52.78	0	120	170	0	120	CALC
SURF	14+3/4	9+5/8	36.0	0	3,021	1,321	0	3,040	CALC
1ST	8+3/4	4+1/2	11.6	0	12,455	2,621	2,760	12,470	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	8,569	12,330	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,331	12,470	<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 ?	
<b><u>Attachment Checklist</u></b>			
400481609	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400481608	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"/>
400481568	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400481507	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481563	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481567	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481607	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)