

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:

1832880

Date Received:

06/21/2007

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700 ATT
City: DENVER State: CO Zip: 80202-
4. Contact Name: JOYCE MCGOUGH
Phone: (303) 389-5060
Fax: (720) 956-3500

5. API Number 05-045-12524-00
6. County: GARFIELD
7. Well Name: COUEY FEDERAL
Well Number: 24-3 (F24W)
8. Location: QtrQtr: SENW Section: 24 Township: 7S Range: 93W Meridian: 6
Footage at surface: Distance: 1463 feet Direction: FNL Distance: 1564 feet Direction: FWL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone
Dist.: 566 feet. Direction: FNL Dist.: 1925 feet. Direction: FWL
Sec: 24 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole
Dist.: 560 feet. Direction: FNL Dist.: 1980 feet. Direction: FWL
Sec: 24 Twp: 7S 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) 04/21/2007
13. Date TD: 05/06/2007
14. Date Casing Set or D&A: 05/09/2007

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

16. Total Depth MD 8135 TVD** 8100
17 Plug Back Total Depth MD 8050 TVD**

18. Elevations GR 6457 KB 6482
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:
PEX, CBL/GR/TEMP

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	24	16		0	100		0	100	CALC
SURF	12+1/4	8+5/8		0	825	576	0	825	CALC
1ST	7+7/8	4+1/2		0	8,132	956	3,600	8,132	CALC

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	
WASATCH	0	4,850	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,851	7,852	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,853	8,135	<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: Y _____ Print Name: JOYCE MCGOUGH _____

Title: ANALYST _____ Date: 6/19/2007 _____ Email: _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)