

FORM
5Rev
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:

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

4. Contact Name: JOYCE MCGOUGH

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (303) 389-5060

3. Address: 370 17TH ST STE 1700 ATT

Fax: (720) 956-3500

City: DENVER State: CO Zip: 80202-

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:

Data 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 ? | | | |
|-----------------------------|-----------------------|------------|--------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | 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)