

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:

400520781

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: Kelly Hamden
Phone: (720) 876-5185
Fax: (720) 876-6185

5. API Number 05-045-21167-00
6. County: GARFIELD
7. Well Name: STORY GULCH Well Number: 8505B-24
8. Location: QtrQtr: NWSW Section: 24 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 1684 feet Direction: FSL Distance: 951 feet Direction: FWL
As Drilled Latitude: 39.685178 As Drilled Longitude: -108.123108

GPS Data:

Date of Measurement: 01/21/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1668 feet. Direction: FNL Dist.: 669 feet. Direction: FWL
Sec: 24 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1668 feet. Direction: FNL Dist.: 669 feet. Direction: FWL
Sec: 24 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
11. Federal, Indian or State Lease Number: COC64814

12. Spud Date: (when the 1st bit hit the dirt) 06/05/2013 13. Date TD: 10/15/2013 14. Date Casing Set or D&A: 10/16/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12709 TVD** 12442 17 Plug Back Total Depth MD 12679 TVD** 12412

18. Elevations GR 8180 KB 8210

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:

Logs have not yet been run

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	20	52.78	0	150	110	0	150	CALC
SURF	14+3/4	9+5/8	36.0	0	3,338	1,629	0	3,363	CALC
1ST	8+3/4	4+1/2	11.6	0	12,679	2,902	30	12,709	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well is waiting on completion; thus, the Top of the Production Zone and Bottom Hole locations are the permitted locations. In addition, the Plug Back Total Depth is an estimate based upon the Production casing depth. Please note logs have not yet been run and will be included with the remaining information on the Final Drilling Report.

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			
400520784	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400520786	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400520787	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)