

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:
400604757

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 05-045-21166-00 6. County: GARFIELD
 7. Well Name: STORY GULCH Well Number: 8505C-24 L24496
 8. Location: QtrQtr: NWSW Section: 24 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 1677 feet Direction: FSL Distance: 947 feet Direction: FWL
 As Drilled Latitude: 39.685158 As Drilled Longitude: -108.123124

GPS Data:
 Date of Measurement: 01/31/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2003 feet. Direction: FNL Dist.: 695 feet. Direction: FWL
 Sec: 24 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2014 feet. Direction: FNL Dist.: 642 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) 05/17/2013 13. Date TD: 12/01/2013 14. Date Casing Set or D&A: 12/01/2013

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

16. Total Depth MD 12674 TVD** 12474 17 Plug Back Total Depth MD 12618 TVD** 12418

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:

CBL, 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	20	52.78	0	150	125	0	150	CALC
SURF	14+3/4	9+5/8	36.0	0	3,346	1,497	0	3,346	CALC
1ST	8+3/4	4+1/2	13.5	0	12,644	2,855	3,371	12,674	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	8,543		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,459	12,674	<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: Regulatory Analyst Date: _____ Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400604891	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400604864	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"/>
400604769	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400604865	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400604866	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400604868	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400604869	LAS-MUD	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)