

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400110166

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: Heather Mitchell
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3010
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19110-00 6. County: GARFIELD
7. Well Name: Story Gulch Unit Well Number: 8505A-25 F25496
8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6
Footage at surface: Direction: FNL Distance: 2317 Direction: FWL Distance: 1866
As Drilled Latitude: 39.674207 As Drilled Longitude: -108.119908

GPS Data:

Data of Measurement: 03/08/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brian Baker

** If directional footage

at Top of Prod. Zone Distance: 1544 Direction: FNL Distance: 711 Direction: FWL
Sec: 25 Twp: 4S Rng: 96W
at Bottom Hole Distance: 1561 Direction: FNL Distance: 700 Direction: FWL
Sec: 25 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC61136

12. Spud Date: (when the 1st bit hit the dirt) 04/05/2010 13. Date TD: 06/18/2010 14. Date Casing Set or D&A: 06/20/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12360 TVD 12238 17 Plug Back Total Depth MD 12309 TVD 12187

18. Elevations GR 8298 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:

RST and isolation scanner

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Top | Cement Bot | Status |
|-------------|--------------|----------------|-----------------|---------------|--------------|------------|------------|--------|
| CONDUCTOR | 30 | 20 | 53 | 120 | 207 | 0 | 120 | CALC |
| SURF | 14+3/4 | 9+5/8 | 36 | 3,021 | 1,108 | 0 | 1,108 | CALC |
| 2ND | 8+3/4 | 4+1/2 | 12 | 12,337 | 1,774 | 1,407 | 12,337 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

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 | 8,326 | 12,275 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 12,276 | 12,360 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

TOG: 8743

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Heather Mitchell

Title: Regulatory Analyst

Date: _____

Email: heather.mitchell@encana.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 400110186 | CEMENT JOB SUMMARY |
| 400110187 | DIRECTIONAL SURVEY |
| 400110190 | LAS-NEUTRON |
| 400110192 | PDS-CEMENT BOND |

Total Attach: 4 Files