

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



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DRILLING COMPLETION REPORT

Document Number:  
400115297

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: Marina Ayala  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3663  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4663  
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-18997-00 6. County: GARFIELD  
7. Well Name: Story Gulch Unit Well Number: 8501D-36 B36496  
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6  
Footage at surface: Distance: 678 feet Direction: FNL Distance: 1595 feet Direction: FEL  
As Drilled Latitude: 39.664197 As Drilled Longitude: -108.113342

GPS Data:

Data of Measurement: 03/08/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: Brian Baker

\*\* If directional footage

at Top of Prod. Zone Distance: 1077 feet Direction: FNL Distance: 691 feet Direction: FEL  
Sec: 36 Twp: 4S Rng: 96W  
at Bottom Hole Distance: 1126 feet Direction: FNL Distance: 722 feet Direction: FEL  
Sec: 36 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999  
11. Federal, Indian or State Lease Number: COC65557

12. Spud Date: (when the 1st bit hit the dirt) 03/29/2010 13. Date TD: 07/10/2010 14. Date Casing Set or D&A: 07/12/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12266 TVD 12199 17 Plug Back Total Depth MD 12202 TVD 12135

18. Elevations GR 8351 KB 8373

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	232	0	120	CALC
SURF	14+3/4	9+5/8	36	3,044	1,109	0	3,042	CALC
2ND	8+3/4	4+1/2	12	12,250	2,975	744	12,226	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	8,272	12,105	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,105	12,266	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

TOG 8571'

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

Signed: \_\_\_\_\_ Print Name: Marina Ayala

Title: Permitting Tech Date: \_\_\_\_\_ Email: marina.ayala@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
400115314	PDS-CEMENT BOND
400115317	PDS-GAMMA RAY
400115320	DIRECTIONAL SURVEY
400115321	CEMENT JOB SUMMARY

Total Attach: 4 Files

**General Comments**

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

Total: 0 comment(s)