

**FORM
5**Rev
02/08State 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

Document Number:

400141945

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: 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 05-045-19116-00 6. County: GARFIELD
7. Well Name: Story Gulch Unit Well Number: 8509D-36 B36496
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 729 feet Direction: FNL Distance: 1619 feet Direction: FEL
As Drilled Latitude: 39.664058 As Drilled Longitude: -108.113426

GPS Data:

Data of Measurement: 03/08/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1701 feet. Direction: FSL Dist.: 690 feet. Direction: FEL
Sec: 36 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1676 feet. Direction: FSL Dist.: 690 feet. Direction: FEL
Sec: 36 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 9999911. Federal, Indian or State Lease Number: COC6113812. Spud Date: (when the 1st bit hit the dirt) 06/16/2010 13. Date TD: 08/27/2010 14. Date Casing Set or D&A: 08/28/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 12765 TVD** 12116 17 Plug Back Total Depth MD 12600 TVD** 1195118. 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, IBC and Mud.

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	20	16	42	0	60	50	0	60	
SURF	13+1/2	9+5/8	36	0	875	455	0	875	
1ST	8+3/4	7	23	0	6,883	730	0	6,883	
1ST LINER	6	4+1/2	11.6	6133	10,900	295	6,133	10,900	

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	
			<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: Marina Ayala

Title: Permitting Technician Date: _____ Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	30 Day notice letter	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	APD Orig & 1 Copy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400135112	Deviated Drilling Plan	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Exception Loc Request	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Exception Loc Waivers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Federal Drilling Permit	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	H2S Contingency Plan	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Mineral lease map	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Surface agrmt/Surety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400135116	Topo map	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400135115	Well Location Plat	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400135067	FORM 2 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400135113	DRILLING PLAN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400135114	LEGAL/LEASE DESCRIPTION	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)