

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:

400145283

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: Judith Walter
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3702
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4702
City: DENVER State: CO Zip: 80202-56

5. API Number 05-045-19114-00 6. County: GARFIELD
7. Well Name: Story Gulch Unit Well Number: 8509B-36 B36496
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 710 feet Direction: FNL Distance: 1611 feet Direction: FEL
As Drilled Latitude: 39.664108 As Drilled Longitude: -108.113396

GPS Data:

Data of Measurement: 03/08/2010 PDOP Reading: 1.1 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 2316 feet. Direction: FSL Dist.: 681 feet. Direction: FEL
Sec: 36 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2265 feet. Direction: FSL Dist.: 705 feet. Direction: FEL
Sec: 36 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: COC61138

12. Spud Date: (when the 1st bit hit the dirt) 06/07/2010 13. Date TD: 09/28/2010 14. Date Casing Set or D&A: 09/28/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12491 TVD** 12118 17 Plug Back Total Depth MD 12435 TVD** 12062

18. Elevations GR 8352 KB 8374 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, CBL in one file .LAS format identified as Nuutron
Mud Log in one file .LAS format

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	53	0	120	232	0	120	CALC
SURF	14+3/4	9+3/8	36	0	3,069	1,108	0	3,090	CALC
1ST	8+3/4	4+1/2	11.6	0	12,458	2,206	1,515	12,458	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	8,789	12,256	<input type="checkbox"/>	<input type="checkbox"/>	Top of Gas @ 8747'
ROLLINS	12,257	12,491	<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: Judith Walter

Title: Regulatory Analyst Date: _____ Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400145326	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400145325	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400145288	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400145291	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)