

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

Document Number:
400174313

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) 876-5905
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4905
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-19158-00 6. County: GARFIELD
 7. Well Name: Federal Gardner Well Number: 20-7 (PN20)
 8. Location: QtrQtr: SESW Section: 20 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 1093 feet Direction: FSL Distance: 2180 feet Direction: FWL
 As Drilled Latitude: 39.418695 As Drilled Longitude: -108.022302

GPS Data:

Data of Measurement: 06/09/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Monroe Stocking

** If directional footage

at Top of Prod. Zone Distance: 2085 feet Direction: FNL Distance: 2009 feet Direction: FEL
 Sec: 20 Twp: 7S Rng: 95W
 at Bottom Hole Distance: 2047 feet Direction: FNL Distance: 2015 feet Direction: FEL
 Sec: 20 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350
 11. Federal, Indian or State Lease Number: COC70835

12. Spud Date: (when the 1st bit hit the dirt) 08/17/2010 13. Date TD: 08/23/2010 14. Date Casing Set or D&A: 08/25/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7425 TVD 6785 17 Plug Back Total Depth MD 7365 TVD 6725

18. Elevations GR 5782 KB 5804 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 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
1ST	8+3/4	7	23	0	6,728	643	6,728	1,400	
2ND	6+1/8	4+1/2	11.6	0	12,178	452	5,728	12,178	

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:

CBL and RST sent on same log.

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

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
400174393	DEVIATED DRILLING PLAN
400174395	TOPO MAP
400174404	WELL LOCATION PLAT

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)