

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:
400179497

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-4905

5. API Number 05-045-19509-00
6. County: GARFIELD
7. Well Name: TWIN CREEK Well Number: 12-1A1 (O1EB)
8. Location: QtrQtr: SWSE Section: 1 Township: 7S Range: 92W Meridian: 6
Footage at surface: Distance: 835 feet Direction: FSL Distance: 1791 feet Direction: FEL
As Drilled Latitude: 39.471435 As Drilled Longitude: -107.612225

GPS Data:
Data of Measurement: 01/25/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage
at Top of Prod. Zone Distance: 43 feet Direction: FNL Distance: 568 feet Direction: FEL
Sec: 12 Twp: 7S Rng: 92W
at Bottom Hole Distance: 1 feet Direction: FNL Distance: 666 feet Direction: FEL
Sec: 12 Twp: 7S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC055972E

12. Spud Date: (when the 1st bit hit the dirt) 08/24/2010 13. Date TD: 12/14/2010 14. Date Casing Set or D&A: 12/15/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5980 TVD 5662 17 Plug Back Total Depth MD 5929 TVD 5611

18. Elevations GR 6062 KB 6084
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:
MUD and Triple Combo (RST, CBL and Temp)

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	26	16	42	0	40	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,266	626	0	1,266	CALC
1ST	8+3/4	4+1/2	12	0	5,971	1,617	766	5,980	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	3,466	5,980	<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

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
400179505	PDF-MUD
400179506	LAS-NEUTRON
400179507	DIRECTIONAL SURVEY
400179509	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)