


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  1828553	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number:    100185		4. Contact Name:    JOYCE MCGOUGH					
2. Name of Operator:    ENCANA OIL & GAS (USA) INC		Phone:    (303) 623-2300					
3. Address:    370 17TH ST STE 1700		Fax:    (303) 623-2400					
City:    DENVER	State:    CO	Zip:    80202-56					
5. API Number    05-045-15645-00		6. County:    GARFIELD					
7. Well Name:    FEDERAL HAGEN		Well Number:    15-13BB (PL-16)					
8. Location:    QtrQtr:    NESE    Section:    16    Township:    7S    Range:    95W    Meridian:    6							
Footage at surface:    Distance:    2365    feet    Direction:    FSL    Distance:    809    feet    Direction:    FEL							
As Drilled Latitude:    39.436900	As Drilled Longitude:    -107.996040						
GPS Data:							
Data of Measurement:    09/25/2008    PDOP Reading:    1.9    GPS Instrument Operator's Name:    ROD MOORE							
** If directional footage at Top of Prod. Zone    Dist.:    1042    feet. Direction:    FSL    Dist.:    706    feet. Direction:    FWL							
Sec:    15    Twp:    7S    Rng:    95W							
** If directional footage at Bottom Hole    Dist.:    1009    feet. Direction:    FSL    Dist.:    716    feet. Direction:    FWL							
Sec:    15    Twp:    7S    Rng:    95W							
9. Field Name:    PARACHUTE		10. Field Number:    67350					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt)    08/17/2008    13. Date TD:    08/25/2008    14. Date Casing Set or D&A:    08/27/2008							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    7840    TVD**    7445		17 Plug Back Total Depth    MD    7773    TVD**    7378					
18. Elevations    GR    6181    KB    6203		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							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

### 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	65	0	40	90	0	40	VISU
SURF	12+1/4	9+5/8	36	0	1,085	374	0	1,100	VISU
1ST	7+7/8	4+1/2	11.6	0	7,821	700	3,749	7,840	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	
WASATCH	0		<input type="checkbox"/>	<input type="checkbox"/>	TOG 5956'
WILLIAMS FORK	5,365		<input type="checkbox"/>	<input type="checkbox"/>	TD 7840'
ROLLINS	7,653		<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: Y Print Name: JOYCE MCGOUGH

Title: REG ANALYST Date: 1/22/2009 Email: JOYCE.MCGOUGH@ENCANNA.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1828554	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)