

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:

400198371

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: 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-

5. API Number 05-045-19549-00 6. County: GARFIELD
 7. Well Name: TWIN CREEK Well Number: 1-10C1 (O1EB)
 8. Location: QtrQtr: SWSE Section: 1 Township: 7S Range: 92W Meridian: 6
 Footage at surface: Distance: 849 feet Direction: FSL Distance: 1888 feet Direction: FEL
 As Drilled Latitude: 39.471454 As Drilled Longitude: -107.612554

GPS Data:

Data of Measurement: 01/25/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage

at Top of Prod. Zone Distance: 571 feet Direction: FNL Distance: 2011 feet Direction: FEL
 Sec: 1 Twp: 7S Rng: 92W
 at Bottom Hole Distance: 597 feet Direction: FNL Distance: 2020 feet Direction: FEL
 Sec: 1 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) 09/09/2010 13. Date TD: 10/03/2010 14. Date Casing Set or D&A: 10/04/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6094 TVD 5875 17 Plug Back Total Depth MD 6040 TVD 5821

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:

RST,CBL,Mud. The RST and CBL are combined in the .las file.

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	62	4	0	62	CALC
SURF	12+1/4	9+5/8	36	0	1,154	569	0	1,154	CALC
1ST	8+3/4	4+1/2	11.6	0	6,084	1,208	1,080	6,094	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	
MESAVERDE	2,938	3,581	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,582	6,094	<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 _____

Title: Walter Date: _____ Email: judith.walter@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
400198372	LAS-CEMENT BOND
400198373	PDF-MUD
400198374	DIRECTIONAL SURVEY
400198375	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)