

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:
400198779

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 05-045-20395-00 6. County: GARFIELD
7. Well Name: EnCana Fee Well Number: 10-2D (A10E)
8. Location: QtrQtr: NENE Section: 10 Township: 7S Range: 92W Meridian: 6
Footage at surface: Distance: 436 feet Direction: FNL Distance: 22 feet Direction: FEL
As Drilled Latitude: 39.467597 As Drilled Longitude: -107.643172

GPS Data:

Date of Measurement: 05/10/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 951 feet. Direction: FNL Dist.: 1375 feet. Direction: FEL

Sec: 10 Twp: 7S Rng: 92W

** If directional footage at Bottom Hole Dist.: 964 feet. Direction: FNL Dist.: 1392 feet. Direction: FEL

Sec: 10 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) 03/06/2011 13. Date TD: 04/04/2011 14. Date Casing Set or D&A: 04/06/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6558 TVD** 6256 17 Plug Back Total Depth MD 6481 TVD** 6179

18. Elevations GR 6045 KB 6067

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:

Triiple Combo which includes RST and CBL logs, 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
CONDUCTOR	26	16	42	0	40	168	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,381	657	0	1,381	CALC
1ST	8+3/4	4+1/2	12	0	6,527	1,988	2,700	6,527	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	3,150	6,328	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,329	6,558	<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: 8/22/2011 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400198802	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400198801	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>			
400198779	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400198789	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400198793	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Waiting on logs in scanning.	8/24/2011 11:19:12 AM

Total: 1 comment(s)