

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:

400222246

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) 876-6905
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20007-00 6. County: GARFIELD
 7. Well Name: Kimball Mtn Well Number: DH02-6 B07 799
 8. Location: QtrQtr: NWNE Section: 7 Township: 7S Range: 99W Meridian: 6
 Footage at surface: Distance: 101 feet Direction: FNL Distance: 1893 feet Direction: FEL
 As Drilled Latitude: 39.467803 As Drilled Longitude: -108.482085

GPS Data:
Date of Measurement: 03/15/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 430 feet. Direction: FNL Dist.: 1657 feet. Direction: FEL
 Sec: 7 Twp: 7S Rng: 99W
 ** If directional footage at Bottom Hole Dist.: 430 feet. Direction: FNL Dist.: 1657 feet. Direction: FEL
 Sec: 7 Twp: 7S Rng: 99W

9. Field Name: GASAWAY 10. Field Number: 29560
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/10/2010 13. Date TD: 12/03/2010 14. Date Casing Set or D&A: 12/05/2010

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

16. Total Depth MD 8752 TVD** 8752 17 Plug Back Total Depth MD 8374 TVD** 8374

18. Elevations GR 6649 KB 6671 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:
Triple Combo, Array Induction and CBL.

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	30	20	53	0	118	341	0	120	CALC
SURF	14+3/4	10+3/4	40.5	0	1,829	765	0	1,832	CALC
1ST	9+7/8	7+5/8	26.40	0	6,331	540	4,316	6,360	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	1,546	3,847	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	3,848	3,955	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	3,956	4,053	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	4,054	4,595	<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	4,596	4,929	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	4,930	8,752	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vertical section of Well D&A'd. Isolation Plug set from 8374'-8752' w 80 sx.

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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)