

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



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Document Number:
400169983

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 05-045-19166-00 6. County: GARFIELD
 7. Well Name: Story Gulch Unit Well Number: 8506B-25 F25496
 8. Location: QtrQtr: SENW Section: 25 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 2293 feet Direction: FNL Distance: 1918 feet Direction: FWL
 As Drilled Latitude: 39.674271 As Drilled Longitude: -108.119725

GPS Data:
Date of Measurement: 03/08/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1745 feet. Direction: FNL Dist.: 1917 feet. Direction: FWL
 Sec: 25 Twp: 4S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1766 feet. Direction: FNL Dist.: 1897 feet. Direction: FWL
 Sec: 25 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: COC61136

12. Spud Date: (when the 1st bit hit the dirt) 05/03/2010 13. Date TD: 11/19/2010 14. Date Casing Set or D&A: 11/27/2010

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

16. Total Depth MD 12330 TVD** 12307 17 Plug Back Total Depth MD 12278 TVD** 12255

18. Elevations GR 8298 KB 8320
 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:
CBL, RST (Uploaded together in Main_SCMT_RST_PSP_038PUP LAS format identified on the form as Cement Bond Log), Mud Log

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	120	207	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,020	1,108	0	3,020	CALC
1ST	8+3/4	4+1/2	12301	0	12,301	2,183	1,877	12,301	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	8,259	12,179	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,180	12,330	<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 Walter

Title: Regulatory Analyst Date: 5/27/2011 Email: judith.walter@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400169987	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400169986	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>			
400169983	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400169984	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400169985	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)