

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:
400240974

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-6905

5. API Number 05-045-20779-00
6. County: GARFIELD
7. Well Name: BENZEL Well Number: 35-2HM (F25NWB)
8. Location: QtrQtr: SENW Section: 25 Township: 6S Range: 93W Meridian: 6
Footage at surface: Distance: 1622 feet Direction: FNL Distance: 2267 feet Direction: FWL
As Drilled Latitude: 39.500321 As Drilled Longitude: -107.725607

GPS Data:
Date of Measurement: 10/26/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1640 feet. Direction: FSL Dist.: 2338 feet. Direction: FEL
Sec: 25 Twp: 6S Rng: 93W
** If directional footage at Bottom Hole Dist.: 1336 feet. Direction: FSL Dist.: 1559 feet. Direction: FWL
Sec: 35 Twp: 6S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC056608X

12. Spud Date: (when the 1st bit hit the dirt) 08/22/2011 13. Date TD: 10/15/2011 14. Date Casing Set or D&A: 10/21/2011

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

16. Total Depth MD 17258 TVD** 11534 17 Plug Back Total Depth MD 17200 TVD** 11532

18. Elevations GR 6259 KB 6291
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 and 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 | 60 | 40 | 0 | 60 | CALC |
| SURF | 14+3/4 | 10+3/4 | 40.50 | 0 | 2,034 | 1,082 | 0 | 2,035 | CALC |
| 1ST | 9+7/8 | 7+7/8 | 26.40 | 0 | 10,529 | 730 | 8,750 | 10,529 | CALC |
| 2ND | 6+3/4 | 5 | 23.20 | 0 | 17,250 | 652 | 9,456 | 17,258 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | 1ST | 5,733 | 735 | 3,920 | 8,750 |

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 | |
| MESAVERDE | 3,868 | 7,600 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ILES | 7,601 | 9,438 | <input type="checkbox"/> | <input type="checkbox"/> | |
| MANCOS | 9,439 | 17,258 | <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: _____

Email: marina.ayala@encana.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| Attachment Checklist | | | |
| 400241004 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400241008 | 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"/> |
| Other Attachments | | | |
| 400240991 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400240995 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400240998 | LAS-NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)