

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:

400268388

Date Received:

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 05-045-19118-00  
6. County: GARFIELD  
7. Well Name: Story Gulch Unit  
Well Number: 8507D-36 B36496  
8. Location: QtrQtr: Lot 2 Section: 36 Township: 4S Range: 96W Meridian: 6  
Footage at surface: Distance: 736 feet Direction: FNL Distance: 1623 feet Direction: FEL  
As Drilled Latitude: 39.664038 As Drilled Longitude: -108.113438

GPS Data:

Date of Measurement: 03/08/2010 PDOP Reading: 1.9 GPS Instrument Operator's Name: Brian Baker

\*\* If directional footage at Top of Prod. Zone Dist.: 2446 feet. Direction: FNL Dist.: 2018 feet. Direction: FEL

Sec: 36 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2497 feet. Direction: FNL Dist.: 2063 feet. Direction: FEL

Sec: 36 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: COC65557

12. Spud Date: (when the 1st bit hit the dirt) 06/19/2010 13. Date TD: 08/13/2010 14. Date Casing Set or D&A: 08/14/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12295 TVD\*\* 12095 17 Plug Back Total Depth MD 12229 TVD\*\* 12029

18. Elevations GR 8351 KB 8373

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, IBC 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	20	53	0	120	205	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,055	1,108	0	3,055	CALC
1ST	7+7/8	4+1/2	11.6	0	12,252	1,929	1,497	12,295	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	8,253	12,100	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,101	12,295	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Barb, I was not able to upload the IBC Log I tried several times, the pdf file is to big. I sent a hard copy only. Let me know if there is something else I can do?

Marina

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 ?	
<b>Attachment Checklist</b>			
400268463	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400268455	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"/>
<b>Other Attachments</b>			
0	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400268389	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400268390	LAS-NEUTRON	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)