

FORM
5Rev
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:

400273423

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

4. Contact Name: Erin Hochstetler

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5827

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20777-00

6. County: GARFIELD

7. Well Name: ENCANA FEE

Well Number: 19-10B (K19CNE)

8. Location: QtrQtr: LOT 3 Section: 19 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 2325 feet Direction: FSL Distance: 422 feet Direction: FWL

As Drilled Latitude: 39.511207 As Drilled Longitude: -107.713448

GPS Data:

Data of Measurement: 11/08/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2423 feet. Direction: FSL Dist.: 2035 feet. Direction: FEL

Sec: 19 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 2409 feet. Direction: FSL Dist.: 2003 feet. Direction: FEL

Sec: 19 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/25/2011 13. Date TD: 01/29/2012 14. Date Casing Set or D&A: 01/30/2012

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8340 TVD** 8018 17 Plug Back Total Depth MD 7914 TVD** 7592

18. Elevations GR 5666 KB 5688

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, 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	72	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,344	420	0	1,370	CALC
2ND	8+3/4	4+1/2	12	0	8,305	1,432	2,870	8,340	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	
MESAVERDE	3,978	4,573	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,574	7,655	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,656	8,340	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CBL and RST logs are on the same .las document.
Well is currently shut in to maintain water balance in Mamm Creek.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Erin HochstetlerTitle: Permitting Technician

Date: _____

Email: erin.hochstetler@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400273427	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400273437	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>					
0	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273426	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273431	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)