

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:

400273438

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: 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 05-045-20776-00

6. County: GARFIELD

7. Well Name: Encana Fee

Well Number: 19-5A (K19CNE)

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

Footage at surface: Distance: 2351 feet Direction: FSL Distance: 419 feet Direction: FWL

As Drilled Latitude: 39.511281 As Drilled Longitude: -107.713458

GPS Data:

Data of Measurement: 11/08/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1203 feet. Direction: FNL Dist.: 771 feet. Direction: FWL

Sec: 19 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 1216 feet. Direction: FNL Dist.: 772 feet. Direction: FWL

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) 11/28/2011 13. Date TD: 12/12/2011 14. Date Casing Set or D&A: 12/13/2011

15. Well Classification:

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

16. Total Depth MD 8360 TVD** 8140 17 Plug Back Total Depth MD 7954 TVD** 7734

18. Elevations GR 5665 KB 5687

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, and Temperature logs.

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	
SURF	12+1/4	9+5/8	36	0	1,345	421	0	1,365	
1ST	8+3/4	4+1/2	11.6	0	8,339	1,152	3,570	8,360	

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	4,616	7,694	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,695	8,360	<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 WalterTitle: Regulatory Analyst Date: _____ Email: judith.walter@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400273457	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400273456	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>					
400273442	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273444	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273447	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400273459	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)