

FORM
5

Rev
02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400322492

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

5. API Number 05-045-20405-00 6. County: GARFIELD
 7. Well Name: HMU Fee Well Number: 16-8D (J16W)
 8. Location: QtrQtr: NWSE Section: 16 Township: 7S Range: 93W Meridian: 6
 Footage at surface: Distance: 1719 feet Direction: FSL Distance: 1660 feet Direction: FEL
 As Drilled Latitude: 39.443180 As Drilled Longitude: -107.775662

GPS Data:

Date of Measurement: 10/20/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2700 feet. Direction: FSL Dist.: 463 feet. Direction: FEL

Sec: 16 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 2707 feet. Direction: FSL Dist.: 448 feet. Direction: FEL

Sec: 16 Twp: 7S Rng: 93w

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) 01/02/2012 13. Date TD: 02/16/2012 14. Date Casing Set or D&A: 02/17/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10717 TVD** 10548 17 Plug Back Total Depth MD 10649 TVD** 10480

18. Elevations GR 7645 KB 7667

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, CBI (included on Neutron Log) 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	72	40	0	72	CALC
SURF	12+1/4	9+5/8	36	0	1,697	525	0	1,725	CALC
1ST	7+7/8	4+1/2	11.6	0	10,666	1,113	5,370	10,717	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	6,242	6,764	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,765	9,815	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,816	10,241	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	10,242	10,450	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,451	10,717	<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			
400322530	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400322528	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			
400322499	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400322519	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400322529	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)