

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:

400220431

Date Received:

11/02/2011

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 05-045-14699-00
6. County: GARFIELD
7. Well Name: DWU Well Number: CP11D-33 M33 49
8. Location: QtrQtr: SWSW Section: 33 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 837 feet Direction: FSL Distance: 1263 feet Direction: FWL
As Drilled Latitude: 39.653567 As Drilled Longitude: -108.178367

GPS Data:
Date of Measurement: 10/08/2008 PDOP Reading: 2.0 GPS Instrument Operator's Name: Greg Olsen

** If directional footage at Top of Prod. Zone Dist.: 1700 feet. Direction: FSL Dist.: 2406 feet. Direction: FWL
Sec: 33 Twp: 4S Rng: 96W
** If directional footage at Bottom Hole Dist.: 1695 feet. Direction: FSL Dist.: 2414 feet. Direction: FWL
Sec: 33 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
11. Federal, Indian or State Lease Number: COC-65556

12. Spud Date: (when the 1st bit hit the dirt) 11/12/2007 13. Date TD: 02/13/2008 14. Date Casing Set or D&A: 02/25/2008

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

16. Total Depth MD 11420 TVD** 11242 17 Plug Back Total Depth MD 12413 TVD** 12235

18. Elevations GR 8410 KB 8428
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, Hard copy sent 6/8/11. ISO SCANNER CMT/GR, ISO SCANNER 3RD INTERFACE/GR, INST ORIENT, HDI/CZD, ISO SCANNER-CMT EVAL, MUD, CBL ISOSCANNER, ULTRASONIC IMAGING TOOL/GR

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		0	97	130	0	97	VISU
SURF	14+1/2	10+3/4	40.5	0	2,004	1,536	0	2,004	VISU
1ST	9+7/8	7	23	0	8,077	1,252	2,050	8,044	CBL
1ST LINER	6+1/8	4+1/2	13.5	7900	11,400	236	7,725	11,400	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	
WILLIAMS FORK	7,639	11,080	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,081	11,420	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This is the Final Completion Report.

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: 11/2/2011 Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2591362	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>			
400220431	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400220438	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400224851	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Off hold; oper. sub. plugback depths.	8/29/2012 10:01:45 AM
Permit	Form was unapproved due to missing plug back depths Waiting on verification from engineering before adding information and approval	1/19/2012 10:49:12 AM
Permit	WELL SPUD IN 2007, NO CMT TKTS REQ, ATTACHED D/S FROM PREVIOUS FORM 5, USED TOP OF WMFK, NO 5A SUBMITTED	11/4/2011 9:50:57 AM

Total: 3 comment(s)