

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



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Document Number:

400328554

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: <u>100185</u>	4. Contact Name: <u>Marina Ayala</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5905</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6905</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-103-11921-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>Powell DHS</u>	Well Number: <u>3C-23 H23 4101</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>23</u> Township: <u>4S</u> Range: <u>101W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1650</u> feet Direction: <u>FNL</u> Distance: <u>1139</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.688677</u> As Drilled Longitude: <u>-108.692567</u>	

GPS Data:

Data of Measurement: 06/20/2012 PDOP Reading: 2.9 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2151 feet. Direction: FSL Dist.: 1965 feet. Direction: FEL

Sec: 23 Twp: 4S Rng: 101W

** If directional footage at Bottom Hole Dist.: 672 feet. Direction: FSL Dist.: 1985 feet. Direction: FEL

Sec: 23 Twp: 4S Rng: 101W

9. Field Name: <u>TRAIL CANYON</u>	10. Field Number: <u>83820</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>05/25/2012</u>	13. Date TD: <u>06/10/2012</u>	14. Date Casing Set or D&A: <u>06/12/2012</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>8330</u> TVD** <u>5569</u>	17 Plug Back Total Depth MD <u>8266</u> TVD** <u>5415</u>
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18. Elevations GR <u>6753</u> KB <u>6783</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

CBL 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	30	20	53	0	120	12	0	120	CALC
SURF	14+3/4	10+3/4	40.50	0	1,042	404	0	1,050	CALC
1ST	9+7/8	7+5/8	26.40	0	4,082	642	0	4,092	
2ND	6+1/2	4+1/2	13.50	0	8,313	87	1,265	8,330	

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	
ROLLINS	910	1,336	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	1,337	8,330	<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 ?	
<u>Attachment Checklist</u>			
400328577	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400328575	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>			
400328565	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400328566	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400328599	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)