

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:

400272738

Date Received:

04/16/2012

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: Judith Walter  
Phone: (720) 876-3702  
Fax: (720) 876-4702

5. API Number 05-045-20770-00  
6. County: GARFIELD  
7. Well Name: ENCANA FEE  
Well Number: 19-5A2 (K19CNE)  
8. Location: QtrQtr: LOT 3 Section: 19 Township: 6S Range: 92W Meridian: 6  
Footage at surface: Distance: 2368 feet Direction: FSL Distance: 422 feet Direction: FWL  
As Drilled Latitude: 39.511326 As Drilled Longitude: -107.713449

GPS Data:

Date of Measurement: 11/08/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1831 feet. Direction: FNL Dist.: 652 feet. Direction: FWL  
Sec: 19 Twp: 6S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 1834 feet. Direction: FNL Dist.: 655 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) 11/29/2011 13. Date TD: 12/05/2011 14. Date Casing Set or D&A: 12/06/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8240 TVD\*\* 8115 17 Plug Back Total Depth MD 7801 TVD\*\* 7676

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:

RST, CBL, 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	418	0	1,365	CALC
1ST	8+3/4	4+1/2	11.6	0	8,219	1,144	2,010	8,240	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	4,511	7,588	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,589	8,240	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No Hard copy of the Temperature Log.

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

Signed: \_\_\_\_\_ Print Name: Judith Walter

Title: Regulatory Analyst Date: 4/16/2012 Email: judith.walter@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400272743	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400272742	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"/>
<b><u>Other Attachments</u></b>			
400272738	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400272750	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400272758	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400272761	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400272775	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	off hold; oper. submitted correct BHL footages.	10/3/2012 10:15:51 AM
Permit	re-req'd BHL footages	8/1/2012 10:00:10 AM
Permit	On Hold. BHL does not match directional survey.	6/18/2012 9:39:30 AM

Total: 3 comment(s)