

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:
400359575

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) 879-5905
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6905
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20795-00 6. County: GARFIELD
 7. Well Name: DW Well Number: 8609F-28 P28496
 8. Location: QtrQtr: SESE Section: 28 Township: 4S Range: 96W Meridian: 6
 Footage at surface: Distance: 684 feet Direction: FSL Distance: 453 feet Direction: FEL
 As Drilled Latitude: 39.667941 As Drilled Longitude: -108.165739

GPS Data:
 Date of Measurement: 12/12/2011 PDOP Reading: 2.9 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1572 feet. Direction: FSL Dist.: 1274 feet. Direction: FEL
 Sec: 28 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1565 feet. Direction: FSL Dist.: 1298 feet. Direction: FEL
 Sec: 28 Twp: 4S Rng: 96W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: COC65555

12. Spud Date: (when the 1st bit hit the dirt) 01/09/2012 13. Date TD: 04/09/2012 14. Date Casing Set or D&A: 04/10/2012

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

16. Total Depth MD 11085 TVD** 10972 17 Plug Back Total Depth MD 11031 TVD** 10918

18. Elevations GR 7791 KB 7813 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 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	118	160	0	118	CALC
SURF	14+3/4	9+5/8	36	0	2,098	717	22	2,098	CALC
1ST	7+7/8	4+1/2	11.6	0	11,052	2,015	4,171	11,085	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	7,082	10,914	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,915	11,085	<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 Tech Date: _____ Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400359585	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400359584	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>			
400359582	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400359583	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400359586	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)