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 **DRILLING COMPLETION REPORT**		DE	ET	OE	ES

DE	ET	OE	ES

Document Number:

400354939

Date Received:

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: RUTHANN MORSS

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5060

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6060

City: DENVER   State: CO   Zip: 80202-

5. API Number   05-045-21453-00

6. County: GARFIELD

7. Well Name: MCU FEE

Well Number: 22-12C (N22W)

8. Location: QtrQtr: SESW   Section: 22   Township: 7S   Range: 93W   Meridian: 6

Footage at surface: Distance: 645 feet Direction: FSL   Distance: 2088 feet Direction: FWL

As Drilled Latitude: 39.425900   As Drilled Longitude: -107.762000

GPS Data:

Data of Measurement: 07/17/2012   PDOP Reading: 1.7   GPS Instrument Operator's Name: B. BIRDSALL

** If directional footage at Top of Prod. Zone   Dist.: 1621 feet. Direction: FSL   Dist.: 697 feet. Direction: FWL

Sec: 22   Twp: 7S   Rng: 93W

** If directional footage at Bottom Hole   Dist.: 1610 feet. Direction: FSL   Dist.: 684 feet. Direction: FWL

Sec: 22   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) 05/20/2012 13. Date TD: 07/03/2012 14. Date Casing Set or D&A: 07/03/2012

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth   MD 9407   TVD** 9177   17 Plug Back Total Depth   MD 9340   TVD** 9110

18. Elevations   GR 7027   KB 7047   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

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	40	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,451	405	0	1,451	CALC
1ST	8+3/4	4+1/2	11.6	0	9,388	1,146	4,850	9,388	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	6,334	9,247	☐	☐	
ROLLINS	9,247	9,407	☐	☐	

Comment:

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

Signed: _____   Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST   Date: _____   Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name				
400362233	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
400362877	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name				
400362234	WELLBORE DIAGRAM	Yes	☒	No	☐
400362878	DIRECTIONAL DATA	Yes	☒	No	☐
400362881	LAS-CBL 1ST RUN	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)