

FORM
5Rev
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:

400359615

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: 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 05-045-21275-00

6. County: GARFIELD

7. Well Name: MCU

Well Number: 22-13C (N22W)

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

Footage at surface: Distance: 645 feet Direction: FSL Distance: 2055 feet Direction: FWL

As Drilled Latitude: 39.425903 As Drilled Longitude: -107.762113

GPS Data:

Data of Measurement: 04/17/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: B. BIRDSALL

** If directional footage at Top of Prod. Zone Dist.: 575 feet. Direction: FSL Dist.: 733 feet. Direction: FWL

Sec: 22 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 572 feet. Direction: FSL Dist.: 710 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: COC69616

12. Spud Date: (when the 1st bit hit the dirt) 05/13/2012 13. Date TD: 08/28/2012 14. Date Casing Set or D&A: 08/28/2012

15. Well Classification:

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

16. Total Depth MD 9333 TVD** 9194 17 Plug Back Total Depth MD 9268 TVD** 9129

18. Elevations GR 7026 KB 7048

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 | 1,473 | 370 | 0 | 1,473 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 9,312 | 1,143 | 4,900 | 9,312 | 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 | 6,264 | 9,172 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 9,172 | 9,333 | <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: RUTHANN MORSS

Title: REGULATORY ANALYST

Date: _____

Email: RUTHANN.MORSS@ENCANA.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400362237 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400362858 | 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"/> |
| 400362861 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400362238 | WELLBORE DIAGRAM | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400362859 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400362860 | LAS-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)