

**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:

400362261

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 05-045-21274-00

6. County: GARFIELD

7. Well Name: MCU

Well Number: 22-13A (N22W)

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

Footage at surface: Distance: 653 feet Direction: FSL Distance: 2064 feet Direction: FWL

As Drilled Latitude: 39.425920 As Drilled Longitude: -107.762092

GPS Data:

Data of Measurement: 04/17/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: B. BIRDSALL

** If directional footage at Top of Prod. Zone Dist.: 1262 feet. Direction: FSL Dist.: 717 feet. Direction: FWL

Sec: 22 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 1271 feet. Direction: FSL Dist.: 718 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) 05/16/2012 13. Date TD: 08/16/2012 14. Date Casing Set or D&A: 08/17/2012

15. Well Classification:

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

16. Total Depth MD 9362 TVD** 9192 17 Plug Back Total Depth MD 9302 TVD** 9132

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	1,600	440	0	1,600	CALC
1ST	8+3/4	4+1/2	11.6	0	9,341	1,010	4,550	9,341	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	6,277	9,186	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,186	9,362	<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>					
400362265	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400362848	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>					
400362267	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400362846	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400362847	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

--	--	--

Total: 0 comment(s)