

**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:  
400362272

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 05-045-21454-00 6. County: GARFIELD  
 7. Well Name: MCU FEE Well Number: 22-12A (N22W)  
 8. Location: QtrQtr: SESW Section: 22 Township: 7S Range: 93W Meridian: 6  
 Footage at surface: Distance: 653 feet Direction: FSL Distance: 2097 feet Direction: FWL  
 As Drilled Latitude: 39.425913 As Drilled Longitude: -107.761967

GPS Data:

Date 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.: 2339 feet. Direction: FSL Dist.: 740 feet. Direction: FWL

Sec: 22 Twp: 7S Rng: 93W

\*\* If directional footage at Bottom Hole Dist.: 2372 feet. Direction: FSL Dist.: 705 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) 05/22/2012 13. Date TD: 06/22/2012 14. Date Casing Set or D&A: 06/22/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10560 TVD\*\* 10212 17 Plug Back Total Depth MD 10471 TVD\*\* 10123

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	1,641	443	0	1,641	CALC
1ST	8+3/4	4+1/2	11.6	0	10,543	1,236	4,900	10,543	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	6,443	9,351	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,351	9,806	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,806	10,041	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,041	10,340	<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,340	10,560	<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 ?	
<b>Attachment Checklist</b>			
400362275	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400362854	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>Other Attachments</b>			
400362276	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400362851	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400362853	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)