

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:

400395906

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: Marina Ayala
Phone: (720) 876-5905
Fax: (720) 876-6905

5. API Number 05-045-20878-00
6. County: GARFIELD
7. Well Name: BENZEL FEE
Well Number: 25-3A (F25NWB)
8. Location: QtrQtr: SENW Section: 25 Township: 6S Range: 93W Meridian: 6
Footage at surface: Distance: 1528 feet Direction: FNL Distance: 2065 feet Direction: FWL
As Drilled Latitude: 39.500575 As Drilled Longitude: -107.726324

GPS Data:

Date of Measurement: 10/24/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 185 feet. Direction: FNL Dist.: 2635 feet. Direction: FWL
Sec: 25 Twp: 6S Rng: 93W

** If directional footage at Bottom Hole Dist.: 193 feet. Direction: FNL Dist.: 2649 feet. Direction: FWL
Sec: 25 Twp: 6S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC-56035

12. Spud Date: (when the 1st bit hit the dirt) 11/10/2012 13. Date TD: 11/17/2012 14. Date Casing Set or D&A: 11/18/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8065 TVD** 7851 17 Plug Back Total Depth MD 7987 TVD** 7773

18. Elevations GR 5828 KB 5848
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 (included on Neutron Log) PEX 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	26	16	42	0	82	0	22	82	CALC
SURF	12+1/4	9+5/8	36	0	1,523	540	22	1,523	CALC
1ST	8+3/4	4+1/2	11.60	0	8,033	984	4,120	8,065	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	
MESAVERDE	4,076	4,851	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,852	7,818	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,819	8,065	<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 Technician Date: _____ Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400395934	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400395932	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"/>
Other Attachments			
400395926	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400395927	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400395931	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400395933	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)