

**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:

400426457

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: Judith Walter

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

Phone: (720) 876-3702

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4702

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20938-00

6. County: GARFIELD

7. Well Name: STORY GULCH

Well Number: 8515D-26 D36496

8. Location: QtrQtr: Lot 4 Section: 36 Township: 4S Range: 96W Meridian: 6

Footage at surface: Distance: 293 feet Direction: FNL Distance: 1086 feet Direction: FWL

As Drilled Latitude: 39.665242 As Drilled Longitude: -108.122708

## GPS Data:

Date of Measurement: 12/29/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 433 feet. Direction: FSL Dist.: 1770 feet. Direction: FEL

Sec: 26 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 413 feet. Direction: FSL Dist.: 1806 feet. Direction: FEL

Sec: 26 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC61136

12. Spud Date: (when the 1st bit hit the dirt) 09/13/2012 13. Date TD: 11/12/2012 14. Date Casing Set or D&amp;A: 11/21/2012

## 15. Well Classification:

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

16. Total Depth MD 12550 TVD\*\* 11950 17 Plug Back Total Depth MD 12484 TVD\*\* 11884

18. Elevations GR 8291 KB 8321

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:

CBL, CCL, Gamma-Ray 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	30	20	53	0	120	170	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,010	1,136	0	3,030	CALC
1ST	7+7/8	4+1/2	13.5	0	12,533	2,188	2,642	12,550	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note that this well is in the Big Jimmy Unit and the BHL is in the COC74105A PA, please note this on the scout card. The log that is identified as the CBL includes the CCL, and Gamma-ray.

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

Signed: \_\_\_\_\_

Print Name: Judith Walter

Title: Regulatory Analyst

Date:

Email: judith.walter@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400426467	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400426469	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>					
400426465	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400426466	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400426484	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)