

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:

400441663

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: Jevin Croteau
Phone: (720) 876-5339
Fax: (720) 876-6339

5. API Number 05-045-20920-00
6. County: GARFIELD
7. Well Name: STORY GULCH Well Number: 8513E-25 D36496
8. Location: QtrQtr: Lot 4 Section: 36 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 314 feet Direction: FNL Distance: 1086 feet Direction: FWL
As Drilled Latitude: 39.665183 As Drilled Longitude: -108.122711

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.: 147 feet. Direction: FSL Dist.: 694 feet. Direction: FWL
Sec: 25 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 126 feet. Direction: FSL Dist.: 663 feet. Direction: FWL
Sec: 25 Twp: 4S Rng: 69W

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) 09/07/2012 13. Date TD: 12/04/2012 14. Date Casing Set or D&A: 12/07/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12090 TVD** 12063 17 Plug Back Total Depth MD 12015 TVD** 11988

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, Mud & RST.

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	52.78	0	120	170	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,019	1,136	0	3,040	CALC
1ST	8+3/4	4+1/2	11.6	0	12,067	2,062	2,140	12,090	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	8,056	11,903	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,903	12,090	<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: Jevin Croteau

Title: Lead Regulatory Analyst Date: _____ Email: jevin.croteau@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400444035	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400444021	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"/>
400444189	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400444198	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400444664	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)