

**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:

400442378

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: Jevin Croteau

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

Phone: (720) 876-5339

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6339

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20928-00

6. County: GARFIELD

7. Well Name: STORY GULCH

Well Number: 8515E-26 D36496

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

Footage at surface: Distance: 319 feet Direction: FNL Distance: 1075 feet Direction: FWL

As Drilled Latitude: 39.665172 As Drilled Longitude: -108.122747

GPS Data:

Data of Measurement: 12/29/2011 PDOP Reading: 2.8 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 160 feet. Direction: FSL Dist.: 1727 feet. Direction: FEL

Sec: 26 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist.: 153 feet. Direction: FSL Dist.: 1799 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) 09/01/2012 13. Date TD: 12/22/2012 14. Date Casing Set or D&A: 12/26/2012

15. Well Classification:

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

16. Total Depth MD 12473 TVD** 11946 17 Plug Back Total Depth MD 12396 TVD** 11869

18. Elevations GR 8290 KB 8320

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:

Mud and 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	30	20	52.78	0	120	170	0	120	CALC
SURF	14+3/4	9+5/8	36	0	3,035	1,135	0	3,035	CALC
1ST	8+3/4	4+1/2	11.6	0	12,425	2,157	1,486	12,473	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	8,480	12,332	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,332	12,473	<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 CroteauTitle: Lead Regulatory Analyst Date: _____ Email: jevin.croteau@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400444527	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400444579	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
400444578	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400444580	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)