

FORM
5Rev
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:

400455871

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: Kelly Hamden

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

Phone: (720) 876-5186

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21602-00

6. County: GARFIELD

7. Well Name: MCU

Well Number: 26-12A (I27W)

8. Location: QtrQtr: NESE Section: 27 Township: 7S Range: 93W Meridian: 6

Footage at surface: Distance: 1979 feet Direction: FSL Distance: 459 feet Direction: FEL

As Drilled Latitude: 39.415606 As Drilled Longitude: -107.752723

GPS Data:

Data of Measurement: 08/28/2012 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2512 feet. Direction: FSL Dist.: 908 feet. Direction: FWL

Sec: 26 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 2520 feet. Direction: FSL Dist.: 912 feet. Direction: FWL

Sec: 26 Twp: 7S Rng: 93W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC-69616

12. Spud Date: (when the 1st bit hit the dirt) 09/28/2012 13. Date TD: 10/17/2012 14. Date Casing Set or D&A: 10/19/2012

15. Well Classification:

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

16. Total Depth MD 10505 TVD** 10337 17 Plug Back Total Depth MD 10435 TVD** 10267

18. Elevations GR 7201 KB 7224

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, Temperature, Mud logs

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	55.0	0	63	0	0	63	CALC
SURF	12+1/4	9+5/8	36.0	0	1,635	507	0	1,635	CALC
1ST	8+3/4	4+1/2	11.60	0	10,486	981	5,104	10,505	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	6,469	6,465	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,232	9,770	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,770	9,989	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,989	10,505	<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: Kelly Hamden

Title: Permitting Analyst Date: _____ Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400456111	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400456110	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"/>
400455946	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400455903	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400455937	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400455939	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400456119	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)