

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



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Document Number:
400472488

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) 876-5185
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20753-00 6. County: GARFIELD
 7. Well Name: ENCANA FEE Well Number: 24-1A (K19CNE)
 8. Location: QtrQtr: LOT 3 Section: 19 Township: 6S Range: 92W Meridian: 6
 Footage at surface: Distance: 2485 feet Direction: FSL Distance: 322 feet Direction: FWL
 As Drilled Latitude: 39.511646 As Drilled Longitude: -107.713783

GPS Data:

Date of Measurement: 01/14/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 665 feet. Direction: FNL Dist.: 651 feet. Direction: FEL

Sec: 24 Twp: 6S Rng: 93W

** If directional footage at Bottom Hole Dist.: 651 feet. Direction: FNL Dist.: 646 feet. Direction: FEL

Sec: 24 Twp: 6S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500

11. Federal, Indian or State Lease Number: Fee/Fee

12. Spud Date: (when the 1st bit hit the dirt) 01/29/2013 13. Date TD: 04/21/2013 14. Date Casing Set or D&A: 04/23/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9515 TVD** 8988 17 Plug Back Total Depth MD 9450 TVD** 8923

18. Elevations GR 5666 KB 5688

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, 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	42.09	0	82	0	0	82	CALC
SURF	12+1/4	9+5/8	36.0	0	1,500	522	0	1,500	CALC
1ST	8+3/4	4+1/2	11.6	0	9,497	1,064	1,700	9,497	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	4,254	4,991	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,991	8,092	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,092	8,663	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,663	8,931	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,931	9,515	<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 ?	
Attachment Checklist			
400472675	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400472673	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"/>
400472633	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400472541	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400472550	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400472554	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400472670	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)