

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:

400473437

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: Cristi Cota-Smith  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3083  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4083  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21165-00 6. County: GARFIELD  
 7. Well Name: STORY GULCH Well Number: 8509C-24  
 8. Location: QtrQtr: NWSW Section: 24 Township: 4S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1614 feet Direction: FSL Distance: 904 feet Direction: FWL  
 As Drilled Latitude: 39.684969 As Drilled Longitude: -108.123285

GPS Data:

Date of Measurement: 08/15/2012 PDOP Reading: 3.8 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 2028 feet. Direction: FSL Dist.: 1996 feet. Direction: FEL  
 Sec: 24 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2017 feet. Direction: FSL Dist.: 2003 feet. Direction: FEL  
 Sec: 24 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: COC64814

12. Spud Date: (when the 1st bit hit the dirt) 10/13/2012 13. Date TD: 04/20/2013 14. Date Casing Set or D&A: 04/21/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12874 TVD\*\* 12500 17 Plug Back Total Depth MD 12818 TVD\*\* 12444

18. Elevations GR 8180 KB 8210 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:

Cement Bond Log, Gamma Ray, Mudlogs

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	118	120	0	118	CALC
SURF	14+3/4	9+5/8	36	0	3,026	1,212	0	3,055	CALC
1ST	7+7/8	4+1/2	11.6	0	12,844	2,965	1,380	12,874	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	8,738	12,715	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	12,716	12,874	<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: Cristi L. Cota-Smith

Title: Permitting Analyst Date: \_\_\_\_\_ Email: cristi.cota-smith@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400473453	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400473455	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"/>
400473605	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400473440	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400473448	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400473457	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)