

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:

400493410

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 &amp; GAS (USA) INC

Phone: (720) 876-5185

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6185

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20926-00

6. County: GARFIELD

7. Well Name: STORY GULCH

Well Number: 8513A-36 D36496

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

Footage at surface: Distance: 440 feet Direction: FNL Distance: 1023 feet Direction: FWL

As Drilled Latitude: 39.664842 As Drilled Longitude: -108.122928

## GPS Data:

Data of Measurement: 02/10/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1144 feet. Direction: FSL Dist.: 694 feet. Direction: FWL

Sec: 36 Twp: 4S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1077 feet. Direction: FSL Dist.: 646 feet. Direction: FWL

Sec: 36 Twp: 4S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number: COC65557

12. Spud Date: (when the 1st bit hit the dirt) 03/12/2013 13. Date TD: 06/02/2013 14. Date Casing Set or D&amp;A: 06/03/2013

## 15. Well Classification:

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

16. Total Depth MD 12697 TVD\*\* 11786 17 Plug Back Total Depth MD 12651 TVD\*\* 11740

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:

Cement Bond, 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   | 30           | 20             | 52.78 | 0             | 120           | 170       | 0       | 120     | CALC   |
| SURF        | 14+3/4       | 9+5/8          | 36.0  | 0             | 3,031         | 1,479     | 0       | 3,045   | CALC   |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 12,677        | 2,703     | 1,590   | 12,697  | 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  | 8,800          | 12,553 | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 12,554         | 12,697 | <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> |                       |            |                                     |    |                                     |
| 400493531                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400493529                   | 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"/>            |
| 400493462                   | Other                 | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 400493444                   | LAS-CBL 1ST RUN       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400493456                   | LAS-CBL 2ND RUN       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400493459                   | LAS-MUD               | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400493533                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)