



DE	ET	OE	ES
----	----	----	----

Document Number:
400496932

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: (720) 876-6185
 City: DENVER State: CO Zip: 80202-

5. API Number 05-045-21808-00 6. County: GARFIELD
 7. Well Name: ALP Fee Well Number: 24-12A (J24NW)
 8. Location: QtrQtr: NWSE Section: 24 Township: 6S Range: 93W Meridian: 6
 Footage at surface: Distance: 2436 feet Direction: FSL Distance: 1953 feet Direction: FEL
 As Drilled Latitude: 39.511460 As Drilled Longitude: -107.721854

GPS Data:
 Date of Measurement: 04/23/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 2163 feet. Direction: FSL Dist.: 1074 feet. Direction: FWL
 Sec: 24 Twp: 6S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 2140 feet. Direction: FSL Dist.: 1025 feet. Direction: FWL
 Sec: 24 Twp: 6S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/10/2013 13. Date TD: 07/28/2013 14. Date Casing Set or D&A: 07/31/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8266 TVD** 7742 17 Plug Back Total Depth MD 8246 TVD** 7722

18. Elevations GR 5680 KB 5702 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:

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	61	114	0	61	CALC
SURF	12+1/4	9+5/8	36.0	0	1,315	469	0	1,315	CALC
1ST	8+3/4	4+1/2	11.6	0	8,246	993	3,538	6,317	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	4,363	5,086	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,086	8,120	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,120	8,266	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well is waiting on completion; thus, it does not have any perforations and suggests that the top of the production zone is based on the permitted location. In addition, the Plug Back Total Depths are also an estimate, based upon the production casing depth.

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>			
400496966	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400496963	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"/>
400497035	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400496964	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400497002	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400497005	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)