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Document Number:
 400524866

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 05-045-20589-00 6. County: GARFIELD
 7. Well Name: MCU Well Number: 21-4BB (M16W)
 8. Location: QtrQtr: SWSW Section: 16 Township: 7S Range: 93W Meridian: 6
 Footage at surface: Distance: 527 feet Direction: FSL Distance: 1232 feet Direction: FWL
 As Drilled Latitude: 39.439813 As Drilled Longitude: -107.783417

GPS Data:
 Date of Measurement: 04/18/2013 PDOP Reading: 2.5 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 210 feet. Direction: FNL Dist.: 658 feet. Direction: FWL
 Sec: 21 Twp: 7S Rng: 93W
 ** If directional footage at Bottom Hole Dist.: 215 feet. Direction: FNL Dist.: 655 feet. Direction: FWL
 Sec: 21 Twp: 7S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500
 11. Federal, Indian or State Lease Number: COC61121

12. Spud Date: (when the 1st bit hit the dirt) 04/30/2013 13. Date TD: 08/14/2013 14. Date Casing Set or D&A: 08/14/2013

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

16. Total Depth MD 10100 TVD** 10040 17 Plug Back Total Depth MD 10042 TVD** 9982

18. Elevations GR 7881 KB 7903 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:
CBL, RST, Mud, Temperature

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	60	114	0	82	CALC
SURF	12+1/4	9+5/8	36.0	0	1,130	421	0	1,130	CALC
1ST	8+3/4	4+1/2	11.6	0	10,100	272	7,808	10,100	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	7,147	9,928	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,928	10,100	<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>			
400525604	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400524909	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"/>
400524869	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400524910	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524912	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524922	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524925	LAS-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400524926	LAS-TEMPERATURE	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)