

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

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.

Document Number:

1637974

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100185 4. Contact Name: SHEILLA REED-HIGH
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-30235-00 6. County: WELD
7. Well Name: MELBON RANCH Well Number: 4-8-17
8. Location: QtrQtr: SWSE Section: 17 Township: 2N Range: 65W Meridian: 6
Footage at surface: Direction: _____ Distance: _____ Direction: _____ Distance: _____
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: _____ Direction: _____ Distance: _____ Direction: _____
at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/25/2010 13. Date TD: 03/02/2010 14. Date Casing Set or D&A: 03/03/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7873 TVD _____ 17 Plug Back Total Depth MD 7804 TVD _____18. Elevations GR 4917 KB 4929 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

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8		893	315	893	0
1ST	7+7/8	4+1/2		7,858	490	7,858	3,750

REMEDIAL CEMENT

Cement work date: _____

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	
SUSSEX	4,336		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,996		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,274		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,726		<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SHEILLA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 4/1/2010 Email: SHEILLA.REEDHIGH@ENCANA.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 6/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1300793	CEMENT BOND	LF@2480899 1300793
1637974	FORM 5 SUBMITTED	LF@2480848 1637974
1637992	CEMENT SUMMARY	LF@2493325 1637992

Total Attach: 3 Files