

FORM
5
Rev
02/08

State 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

Document Number:

400122120

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: Heather Mitchell
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3070
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4070
City: DENVER State: CO Zip: 80202-56

5. API Number 05-077-10071-00 6. County: MESA
7. Well Name: ORCHARD UNIT Well Number: 16-16H2 (P16OU)
8. Location: QtrQtr: SESE Section: 16 Township: 8S Range: 96W Meridian: 6
Footage at surface: Distance: 579 feet Direction: FSL Distance: 377 feet Direction: FEL
As Drilled Latitude: 39.343932 As Drilled Longitude: -108.105766

GPS Data:

Data of Measurement: 11/18/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage

at Top of Prod. Zone Distance: 1253 feet Direction: FSL Distance: 549 feet Direction: FEL
Sec: 16 Twp: 8S Rng: 96W
at Bottom Hole Distance: 1461 feet Direction: FSL Distance: 2217 feet Direction: FWL
Sec: 9 Twp: 8S Rng: 96W

9. Field Name: ORCHARD 10. Field Number: 62050
11. Federal, Indian or State Lease Number: COC58674

12. Spud Date: (when the 1st bit hit the dirt) 05/22/2010 13. Date TD: 07/09/2010 14. Date Casing Set or D&A: 07/17/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD _____ TVD _____ 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 6002 KB 6024

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:

RST and CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	30	20		45		0	45	CALC
SURF	14+3/4	10+3/4	41	1,520	846	0	1,540	CALC
2ND	9+7/8	7+5/8	30	7,932	785	1,150	7,938	CALC
3RD	6+1/2	5	23	14,906	493	5,720	14,906	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Stg 1 had had 579 sx of cement, Stg 2 had 206

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	2ND	2,520	579	1,150	4,990

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	
MANCOS B	7,189	8,470	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	8,471	14,960	<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: Heather Mitchell

Title: Regulatory Analyst Date: _____ Email: heather.mitchell@encana.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400122262	LAS-NEUTRON
400122263	DIRECTIONAL SURVEY
400122264	CEMENT JOB SUMMARY
400122265	LAS-CEMENT BOND

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)