



Document Number:

2071937

## 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: CHEILLA REEED-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 05-123-30727-00 6. County: WELD  
7. Well Name: ARISTOCRAT ANGUS Well Number: 2-0-3  
8. Location: QtrQtr: NWNW Section: 3 Township: 3N Range: 65W Meridian: 6  
Footage at surface: Distance: 974 feet Direction: FNL Distance: 1090 feet Direction: FWL  
As Drilled Latitude: 40.258947 As Drilled Longitude: -104.654974

### GPS Data:

Data of Measurement: 06/15/2010 PDOP Reading: 1.6 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 53 feet. Direction: FNL Dist.: 1305 feet. Direction: FWL

Sec: 3 Twp: 3N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 56 feet. Direction: FNL Dist.: 1311 feet. Direction: FWL

Sec: 3 Twp: 3N Rng: 65W

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) 05/20/2010 13. Date TD: 05/24/2010 14. Date Casing Set or D&A: 05/25/2010

### 15. Well Classification:

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

16. Total Depth MD 7435 TVD\*\* 7319 17 Plug Back Total Depth MD 7340 TVD\*\* 7224

18. Elevations GR 4776 KB 4788

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,DUAL IND/COMPENSATED DENSITY/COMPENSATED NEUTRON

### 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
SURF	12+1/4	8+5/8		0	832	280	0	832	CALC
1ST	7+7/8	4+1/2		0	7,419	430	4,290	7,419	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,466		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,998		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,236		<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: SHEILLA REED-HIGH

Title: COOPERATIONS TECHNOLOGIST Date: 10/28/2010 Email: SHEILLA.REEDHIGH@ENCANA.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	REC CMT TKTS	11/4/2010 3:41:02 PM
Permit	REQUESTED CMT TKT & DIGITAL LOGS	10/28/2010 11:30:24 AM

Total: 2 comment(s)