

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



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Document Number:

2590516

**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: 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 05-014-20697-00 6. County: BROOMFIELD  
7. Well Name: BURY CRANDELL Well Number: 0-0-23  
8. Location: QtrQtr: NWNW Section: 23 Township: 1N Range: 68W Meridian: 6  
Footage at surface: Distance: 973 feet Direction: FNL Distance: 958 feet Direction: FWL  
As Drilled Latitude: 40.041341 As Drilled Longitude: -104.976656

GPS Data:

Data of Measurement: 10/18/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 89 feet. Direction: FNL Dist.: 106 feet. Direction: FWL  
Sec: 23 Twp: 1N Rng: 68W  
\*\* If directional footage at Bottom Hole Dist.: 94 feet. Direction: FNL Dist.: 108 feet. Direction: FWL  
Sec: 23 Twp: 1N Rng: 68W

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) 09/01/2010 13. Date TD: 09/07/2010 14. Date Casing Set or D&A: 09/08/2010

15. Well Classification:

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

16. Total Depth MD 8656 TVD\*\* 8495 17 Plug Back Total Depth MD 8635 TVD\*\* 8474

18. Elevations GR 5154 KB 5166 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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	1,133	810	0	1,133	CBL
1ST	7+7/8	4+1/2		0	8,647	665	3,730	8,647	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	4,884		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,660		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,058		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,494		<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: OPERATIONS Date: 10/27/2010 Email: SHEILLA.REEDHIGH@ENCANA.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2590518	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2590517	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2590516	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	req digital logs	2/7/2011 8:01:16 AM
Data Entry	date submitted omitted.	1/31/2011 10:15:32 AM

Total: 2 comment(s)