

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

Document Number:  
1634916

**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 05-123-32761-00 6. County: WELD  
7. Well Name: KENYON Well Number: 8-4-19  
8. Location: QtrQtr: SESE Section: 19 Township: 2N Range: 68W Meridian: 6  
Footage at surface: Distance: 952 feet Direction: FSL Distance: 1039 feet Direction: FEL  
As Drilled Latitude: 40.119429 As Drilled Longitude: -105.040467

GPS Data:

Data of Measurement: 03/22/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 2591 feet. Direction: FSL Dist.: 134 feet. Direction: FEL  
Sec: 19 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2588 feet. Direction: FSL Dist.: 145 feet. Direction: FEL  
Sec: 19 Twp: 2N 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) 01/28/2011 13. Date TD: 02/05/2011 14. Date Casing Set or D&A: 02/06/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8513 TVD\*\* 8135 17 Plug Back Total Depth MD 8446 TVD\*\* 8068

18. Elevations GR 4993 KB 5005

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	818	338	0	818	CALC
1ST	7+7/8	4+1/2		0	8,496	650	4,090	8,496	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	4,580		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,638		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,940		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES FORMATION NAME: J SAND/SS(HORSETOOTH SS) MEASURED DEPTH TOP:8372'.

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: 3/29/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
1634918	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1634917	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"/>
<b>Other Attachments</b>			
1634916	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)