

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: 2512187
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>100185</u>		4. Contact Name: <u>SHEILLA REED-HIGH</u>	
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>		Phone: <u>(720) 876-3678</u>	
3. Address: <u>370 17TH ST STE 1700</u>		Fax: <u>(720) 876-4678</u>	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202-56</u>	
5. API Number <u>05-123-31686-00</u>		6. County: <u>WELD</u>	
7. Well Name: <u>SPRAGUE</u>		Well Number: <u>4-6-9</u>	
8. Location: QtrQtr: <u>SESW</u> Section: <u>9</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>454</u> feet Direction: <u>FSL</u> Distance: <u>1953</u> feet Direction: <u>FWL</u>			
As Drilled Latitude: <u>40.146790</u> As Drilled Longitude: <u>-104.897659</u>			
GPS Data: Data of Measurement: <u>07/22/2010</u> PDOP Reading: <u>2.2</u> GPS Instrument Operator's Name: <u>PAT LINDERHOLM</u>			
** If directional footage at Top of Prod. Zone Dist.: <u>1455</u> feet. Direction: <u>FSL</u> Dist.: <u>2548</u> feet. Direction: <u>FEL</u>			
Sec: <u>9</u> Twp: <u>3N</u> Rng: <u>65W</u>			
** If directional footage at Bottom Hole Dist.: <u>1454</u> feet. Direction: <u>FSL</u> Dist.: <u>2551</u> feet. Direction: <u>FEL</u>			
Sec: <u>9</u> Twp: <u>3N</u> Rng: <u>65W</u>			
9. Field Name: <u>SPINDLE</u>		10. Field Number: <u>77900</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date: (when the 1st bit hit the dirt) <u>06/21/2010</u> 13. Date TD: <u>06/26/2010</u> 14. Date Casing Set or D&A: <u>06/27/2010</u>			
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation			
16. Total Depth MD <u>8320</u> TVD** <u>8115</u>		17 Plug Back Total Depth MD <u>8238</u> TVD** <u>8033</u>	
18. Elevations GR <u>4982</u> KB <u>4995</u>		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: <u>CBL</u>			
20. Casing, Liner and Cement:			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	8,309	550	3,140	8,309	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	4,628		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,468		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,728		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,026		<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 REEDHIGH

Title: OPERATIONS TECHNOLOGIST Date: 8/25/2010 Email: SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2622237	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072385	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>			
2512187	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	USE D/S 2072385, I REQ OTHER 2 D/S TO BE REMOVED	5/25/2011 10:07:55 AM
Permit	REQ D/S FOR THIS WELL, SUBMITTED D/S IS FOR THE 4-8-9.	5/25/2011 9:29:58 AM

Total: 2 comment(s)