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|--|--|---|--|--|---------------------------------------|--|--------------------------|--|------------------------|--|-------------|---|--|--|--|--|--|--|-------------------------|-------------------|-------------------------|-------------------|--|-----------|------------|-------------|--|--|
| 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 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">2512187</div> | DE | ET | OE | ES | | | | | | | | | | | | | | | | | | | | | |
| DE | ET | OE | ES | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRILLING COMPLETION REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>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.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: 100185</td> <td style="width: 50%;">4. Contact Name: SHEILLA REED-HIGH</td> </tr> <tr> <td>2. Name of Operator: ENCANA OIL & GAS (USA) INC</td> <td>Phone: (720) 876-3678</td> </tr> <tr> <td>3. Address: 370 17TH ST STE 1700</td> <td>Fax: (720) 876-4678</td> </tr> <tr> <td>City: DENVER State: CO Zip: 80202-56</td> <td></td> </tr> </table> | | | | 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 | | | | | | | | | | | | | | | | | | |
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| As Drilled Latitude: 40.146790 As Drilled Longitude: -104.897659 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GPS Data: Data of Measurement: 07/22/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: PAT LINDERHOLM | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">** If directional footage at Top of Prod. Zone</td> <td style="width: 20%;">Dist.: 1455 feet.</td> <td style="width: 20%;">Direction: FSL</td> <td style="width: 20%;">Dist.: 2548 feet.</td> <td style="width: 20%;">Direction: FEL</td> </tr> <tr> <td>Sec: 9</td> <td>Twp: 3N</td> <td>Rng: 65W</td> <td></td> <td></td> </tr> <tr> <td colspan="5">** If directional footage at Bottom Hole</td> </tr> <tr> <td>Dist.: 1454 feet.</td> <td>Direction: FSL</td> <td>Dist.: 2551 feet.</td> <td colspan="2">Direction: FEL</td> </tr> <tr> <td>Sec: 9</td> <td>Twp: 3N</td> <td>Rng: 65W</td> <td colspan="2"></td> </tr> </table> | | | | ** If directional footage at Top of Prod. Zone | Dist.: 1455 feet. | Direction: FSL | Dist.: 2548 feet. | Direction: FEL | Sec: 9 | Twp: 3N | Rng: 65W | | | ** If directional footage at Bottom Hole | | | | | Dist.: 1454 feet. | Direction: FSL | Dist.: 2551 feet. | Direction: FEL | | Sec: 9 | Twp: 3N | Rng: 65W | | |
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| Sec: 9 | Twp: 3N | Rng: 65W | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Field Name: SPINDLE 10. Field Number: 77900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Federal, Indian or State Lease Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Spud Date: (when the 1st bit hit the dirt) 06/21/2010 13. Date TD: 06/26/2010 14. Date Casing Set or D&A: 06/27/2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 8320 TVD** 8115 17 Plug Back Total Depth MD 8238 TVD** 8033 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Elevations GR 4982 KB 4995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. List Electric Logs Run: CBL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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)