


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">1634919</div>	DE	ET	OE	ES												
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<b>DRILLING COMPLETION REPORT</b>																			
<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																			
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GPS Data: Data of Measurement: <u>03/22/2011</u> PDOP Reading: <u>1.7</u> GPS Instrument Operator's Name: <u>PAT LINDERHOLM</u>																			
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9. Field Name: <u>WATTENBERG</u> 10. Field Number: <u>90750</u>																			
11. Federal, Indian or State Lease Number: _____																			
12. Spud Date: (when the 1st bit hit the dirt) <u>01/18/2011</u> 13. Date TD: <u>01/27/2011</u> 14. Date Casing Set or D&A: <u>01/28/2011</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>8290</u> TVD** <u>8147</u> 17 Plug Back Total Depth    MD <u>8251</u> TVD** <u>8108</u>																			
18. Elevations    GR <u>4993</u> KB <u>5005</u>																			
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	822	330	0	822	CALC
1ST	7+7/8	4+1/2		0	8,278	680	3,470	8,278	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	4,418		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,458		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,754		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES FORMATION NAME: J SILT/SS MEASURED DEPTH TOP:8160'.

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 ?			
<u>Attachment Checklist</u>					
1634921	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1634920	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>					
1634919	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)