

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: 1635835
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>05-123-32467-00</u>		6. County: <u>WELD</u>	
7. Well Name: <u>WANDELL</u>		Well Number: <u>6-0-7</u>	
8. Location: QtrQtr: <u>NENE</u> Section: <u>7</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>918</u> feet Direction: <u>FNL</u>		Distance: <u>1142</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.157919</u>		As Drilled Longitude: <u>-104.927855</u>	
GPS Data:			
Data of Measurement: <u>04/18/2011</u>		PDOP Reading: <u>3.3</u> GPS Instrument Operator's Name: <u>PAT LINDERHOLM</u>	
** If directional footage at Top of Prod. Zone		Dist.: <u>37</u> feet. Direction: <u>FNL</u> Dist.: <u>924</u> feet. Direction: <u>FEL</u>	
Sec: <u>7</u>		Twp: <u>2N</u> Rng: <u>67W</u>	
** If directional footage at Bottom Hole		Dist.: <u>35</u> feet. Direction: <u>FNL</u> Dist.: <u>922</u> feet. Direction: <u>FEL</u>	
Sec: <u>7</u>		Twp: <u>2N</u> Rng: <u>67W</u>	
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>03/19/2011</u> 13. Date TD: <u>03/25/2011</u> 14. Date Casing Set or D&A: <u>03/26/2011</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>8065</u> TVD** <u>7972</u>		17 Plug Back Total Depth MD <u>7928</u> TVD** <u>7835</u>	
18. Elevations GR <u>4892</u> KB <u>4905</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	938	355	0	938	CALC
1ST	7+7/8	4+1/2		0	8,048	678	3,250	8,048	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	4,316		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,253		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,474		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,906		<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: 4/27/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1635837	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1635836	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>			
1635835	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	Rec'd. LAS and PDF versions of CBL; only log available. Rec'd FORM 5A.	7/8/2011 11:30:23 AM
Permit	e-mailed Sheilla Reed-High requesting LAS and PDF versions of a resistivity log if available. requested FORM 5A.	6/28/2011 1:07:21 PM

Total: 2 comment(s)