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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%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> Document Number: 1635312 | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| 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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion | | | | | | | |
| 1. OGCC Operator Number: <u>100185</u> | | 4. Contact Name: <u>SHEILA 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>05-123-32752-00</u> | | 6. County: <u>WELD</u> | | | | | |
| 7. Well Name: <u>KENYON</u> | | Well Number: <u>8-8-19</u> | | | | | |
| 8. Location: QtrQtr: <u>SESE</u> Section: <u>19</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u> | | | | | | | |
| Footage at surface: Distance: <u>952</u> feet Direction: <u>FSL</u> | | Distance: <u>1049</u> feet Direction: <u>FEL</u> | | | | | |
| As Drilled Latitude: <u>40.119432</u> | | As Drilled Longitude: <u>-105.040505</u> | | | | | |
| 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> | | | | | |
| ** If directional footage at Top of Prod. Zone | | Dist.: <u>90</u> feet. Direction: <u>FSL</u> Dist.: <u>99</u> feet. Direction: <u>FEL</u> | | | | | |
| Sec: <u>19</u> Twp: <u>2N</u> Rng: <u>68W</u> | | | | | | | |
| ** If directional footage at Bottom Hole | | Dist.: <u>102</u> feet. Direction: <u>FSL</u> Dist.: <u>94</u> feet. Direction: <u>FEL</u> | | | | | |
| Sec: <u>19</u> Twp: <u>2N</u> Rng: <u>68W</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>02/07/2011</u> 13. Date TD: <u>02/15/2011</u> 14. Date Casing Set or D&A: <u>02/16/2011</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>8393</u> TVD** <u>8195</u> | | 17 Plug Back Total Depth MD <u>8334</u> TVD** <u>8136</u> | | | | | |
| 18. Elevations GR <u>4993</u> KB <u>5005</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, DUAL IND/COMPENSATED DENSITY/COMPENSATED NEUTRON</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 | 830 | 364 | 0 | 830 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 8,379 | 679 | 3,668 | 8,379 | 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 | 4,450 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,490 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,762 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,188 | | <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: SHEILA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 3/30/2011 Email: SHEILA.REEDHIGH@ENCANA.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 1635314 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 1635313 | 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> | | | |
| 1635312 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)