

**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

Document Number:

1636322

**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 ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100185

2. Name of Operator: ENCANA OIL &amp; GAS (USA) INC

3. Address: 370 17TH ST STE 1700

City: DENVER State: CO Zip: 80202-56

4. Contact Name: SHEILLA REED-HIGH

Phone: (720) 876-3678

Fax: (720) 876-4678

5. API Number 05-013-06581-00

6. County: BOULDER

7. Well Name: WIGGETT

Well Number: 12-13

8. Location: QtrQtr: NWNW Section: 13 Township: 1N Range: 69W Meridian: 6

Footage at surface: Distance: 582 feet Direction: FNL Distance: 1241 feet Direction: FWL

As Drilled Latitude: 40.057021 As Drilled Longitude: -105.070038

## GPS Data:

Data of Measurement: 05/02/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 1964 feet. Direction: FNL Dist.: 504 feet. Direction: FWL

Sec: 13 Twp: 1N Rng: 69W

\*\* If directional footage at Bottom Hole Dist.: 1969 feet. Direction: FNL Dist.: 499 feet. Direction: FWL

Sec: 13 Twp: 1N Rng: 69W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/05/2011 13. Date TD: 04/11/2011 14. Date Casing Set or D&amp;A: 04/12/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8595 TVD\*\* 8329 17 Plug Back Total Depth MD 8530 TVD\*\* 8264

18. Elevations GR 5016 KB 5028

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:

CBL

## 20. Casing, Liner and Cement:

### 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	964	365	0	964	CALC
1ST	7+7/8	4+1/2		0	8,583	723	3,214	8,583	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	4,664		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,630		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,014		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,440		<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: 5/11/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1636324	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1636323	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>					
1636322	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)