

FORM
5Rev
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:

2586659

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

4. Contact Name: SHEILA 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-

5. API Number 05-123-33437-00

6. County: WELD

7. Well Name: FOSTER

Well Number: 6-4-5X

8. Location: QtrQtr: SESE Section: 5 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 595 feet Direction: FSL Distance: 1293 feet Direction: FEL

As Drilled Latitude: 40.074650 As Drilled Longitude: -105.022410

GPS Data:

Data of Measurement: 12/07/2009 PDOP Reading: 1.7 GPS Instrument Operator's Name: Tom Winans

** If directional footage at Top of Prod. Zone Dist.: 2579 feet. Direction: FSL Dist.: 1294 feet. Direction: FEL

Sec: 5 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2622 feet. Direction: FSL Dist.: 1287 feet. Direction: FEL

Sec: 5 Twp: 1N Rng: 68W

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) 05/03/2011 13. Date TD: 05/08/2011 14. Date Casing Set or D&A: 05/10/2011

15. Well Classification:

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

16. Total Depth MD 8717 TVD** 8332 17 Plug Back Total Depth MD 8675 TVD** 8290

18. Elevations GR 5037 KB 5050

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	1,046	390	0	1,046	CALC
1ST	7+7/8	4+1/2		0	8,705	687	3,850	8,705	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	4,832		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,804		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,152		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,580		<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: 6/7/2011 Email: SHEILA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2586661	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2586660	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>					
2586659	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	should be changed to WO when passed b/c final w/o 5A	8/11/2011 12:40:28 PM
Permit	E-MAILED SHEILLA TO REQUEST DIGITAL CBL AND GPS DATA.	7/26/2011 9:12:47 AM

Total: 2 comment(s)