

**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:

2588557

**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: SHEILLA REED-HIGH

2. Name of Operator: ENCANA OIL &amp; 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 05-123-30600-00

6. County: WELD

7. Well Name: SULLIVAN

Well Number: 4-6-26

8. Location: QtrQtr: SWSE Section: 26 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 580 feet Direction: FSL Distance: 2338 feet Direction: FEL

As Drilled Latitude: 40.103873 As Drilled Longitude: -104.969334

## GPS Data:

Date of Measurement: 07/21/2011 PDOP Reading: 2.6 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 1320 feet. Direction: FSL Dist.: 2456 feet. Direction: FEL

Sec: 26 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 1332 feet. Direction: FSL Dist.: 2456 feet. Direction: FEL

Sec: 26 Twp: 2N 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) 07/02/2011 13. Date TD: 07/06/2011 14. Date Casing Set or D&amp;A: 07/07/2011

## 15. Well Classification:

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

16. Total Depth MD 8217 TVD\*\* 8145 17 Plug Back Total Depth MD 8187 TVD\*\* 8115

18. Elevations GR 4942 KB 4955

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	1,056	430	0	1,056	CALC
1ST	7+7/8	4+1/2		0	8,202	664	5,430	8,202	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	S.C. 1.1		145	4,230	5,270
PERF & PUMP	S.C. 1.2		126	608	1,150

Details of work:

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,480		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,366		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,659		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,087		<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: 8/15/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2588559	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2588558	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>					
2588557	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)