

DRILLING COMPLETION REPORT

Document Number:
2588557

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 & 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&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:

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	4,480		<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 ?	
Attachment Checklist			
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"/>
Other Attachments			
2588557	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)