

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:
2508785

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 & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: SHEILA REED-HIGH
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-33249-00
6. County: WELD
7. Well Name: HERREN Well Number: 1A-33H
8. Location: QtrQtr: NENE Section: 33 Township: 3N Range: 67W Meridian: 6
Footage at surface: Distance: 246 feet Direction: FNL Distance: 253 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 1073 feet. Direction: FNL Dist.: 612 feet. Direction: FEL

Sec: 33 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1277 feet. Direction: FNL Dist.: 461 feet. Direction: FWL

Sec: 33 Twp: 3N Rng: 67W

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) 05/17/2011 13. Date TD: 06/12/2011 14. Date Casing Set or D&A: 06/18/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11643 TVD** 7109 17 Plug Back Total Depth MD 11643 TVD** 7109

18. Elevations GR 4824 KB 4836

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/ COMPENSATED DENSITY NEUTRON LONG/ HOLE VIOLUME DENISTY CALIPER LOG/ 8 ARM CALIPER IMAGER LOG/ ARRAY INDUCTION LOG/ GEO LOG PLOT

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
CONDUCTOR	22	16		0	76		0	76	
SURF	12+1/4	9+5/8		0	832	255	0	832	CALC
1ST	8+7/8	7		0	7,438	575	2,230	7,438	CBL
2ND	6+1/8	4+1/2		0	11,638	0	7,511	11,568	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,201		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,221		<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: 11/9/2011 Email: SHEILA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2508787	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2508786	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>			
2508785	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)