

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:

400264713

Date Received:

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: Sheilla Reed-High
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-32009-00
6. County: WELD
7. Well Name: ELMQUIST Well Number: 4-2-23
8. Location: QtrQtr: SENW Section: 23 Township: 2N Range: 68W Meridian: 6
Footage at surface: Distance: 1641 feet Direction: FNL Distance: 1634 feet Direction: FWL
As Drilled Latitude: 40.126939 As Drilled Longitude: -104.973930

GPS Data:
Date of Measurement: 03/13/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 1287 feet. Direction: FNL Dist.: 2440 feet. Direction: FWL
Sec: 23 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1281 feet. Direction: FNL Dist.: 2436 feet. Direction: FWL
Sec: 23 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) 12/26/2011 13. Date TD: 12/30/2011 14. Date Casing Set or D&A: 12/31/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8188 TVD** 8096 17 Plug Back Total Depth MD 8142 TVD** 8050

18. Elevations GR 4916 KB 4930
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/POST ANNULAR SQUEEZE 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+/25 | 8.625 | | 0 | 828 | 310 | 0 | 828 | CBL |
| 1ST | 7+/875 | 4.5 | | 0 | 8,177 | 686 | 4,660 | 8,177 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/20/2012

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | 150 | 4,610 | 3,995 |
| | | | 125 | 1,102 | 624 |

Details of work:

This is an additional form for the Elmquist 4-2-23 (Document # 400246119) to report on the remediation.

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 | 4,639 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,320 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,599 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,026 | | <input type="checkbox"/> | <input type="checkbox"/> | SUSSEX = SUSSEX MARKER |

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: Drilling and Compl. Tech. Date: _____ Email: sheilla.reedhigh@Encana.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|------------------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400264716 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400264717 | PDF-CEMENT BOND | 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)