

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400252547

Date Received:

03/13/2012

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 & 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 05-123-31977-00

6. County: WELD

7. Well Name: ELMQUIST

Well Number: 2-4-23

8. Location: QtrQtr: SENW Section: 23 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 1641 feet Direction: FNL Distance: 1604 feet Direction: FWL

As Drilled Latitude: 40.126947 As Drilled Longitude: -104.974038

GPS Data:

Data of Measurement: 03/09/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 2607 feet. Direction: FNL Dist.: 1294 feet. Direction: FWL

Sec: 23 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2607 feet. Direction: FNL Dist.: 1312 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) 12/11/2011 13. Date TD: 12/15/2011 14. Date Casing Set or D&A: 12/16/2011

15. Well Classification:

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

16. Total Depth MD 8195 TVD** 8081 17 Plug Back Total Depth MD 8147 TVD** 8033

18. Elevations GR 4917 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

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	783	330	0	783	CALC
1ST	7+/-875	4.5		0	8,180	785	4,032	8,180	CBL

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	4,395		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,350		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,629		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,051		<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: <u>Sheilla Reed-High</u>
Title: <u>Drilling and Compl. Tech.</u>	Date: <u>3/13/2012</u> Email: <u>sheilla.reedhigh@Encana.com</u>

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400252554	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400252556	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 checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400252547	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400252549	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400252553	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400261036	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)