

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:

400302482

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

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 05-123-34579-00

6. County: WELD

7. Well Name: MELBON RANCH

Well Number: 13-17

8. Location: QtrQtr: NWSW Section: 17 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 1522 feet Direction: FSL Distance: 1243 feet Direction: FWL

As Drilled Latitude: 40.135593 As Drilled Longitude: -104.692939

GPS Data:

Data of Measurement: 06/05/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 2099 feet. Direction: FSL Dist.: 624 feet. Direction: FWL

Sec: 17 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2099 feet. Direction: FSL Dist.: 619 feet. Direction: FWL

Sec: 17 Twp: 2N Rng: 65W

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) 04/25/2012 13. Date TD: 04/29/2012 14. Date Casing Set or D&A: 04/30/2012

15. Well Classification:

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

16. Total Depth MD 7995 TVD** 7917 17 Plug Back Total Depth MD 7922 TVD** 7844

18. Elevations GR 4940 KB 4952

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	872	325	0	872	CALC
1ST	7+/-875	4.5		0	7,980	650	3,280	7,980	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	4,552		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,090		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,372		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,822		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:	
CBL sent in the mail on 07-05-12	
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: _____ Email: <u>sheilla.reedhigh@Encana.com</u>

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400302524	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400302526	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>		
400302516	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400302518	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400302522	LAS-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)