

**FORM 5**

Rev 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



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Document Number:

400305285

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: <u>100185</u>	4. Contact Name: <u>Sheilla Reed-High</u>
2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>	Phone: <u>(720) 876-3678</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4678</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-32430-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PRATT</u>	Well Number: <u>4-2-29</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>29</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>409</u> feet Direction: <u>FNL</u> Distance: <u>433</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.028149</u> As Drilled Longitude: <u>-105.035524</u>	

GPS Data:

Date of Measurement: 06/26/2012 PDOP Reading: 5.5 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 1313 feet. Direction: FNL Dist.: 2553 feet. Direction: FWL

Sec: 29 Twp: 1N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 1291 feet. Direction: FNL Dist.: 2545 feet. Direction: FWL

Sec: 29 Twp: 1N Rng: 68W

9. Field Name: <u>WATTENBERG</u>	10. Field Number: <u>90750</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>04/06/2012</u>	13. Date TD: <u>04/10/2012</u>	14. Date Casing Set or D&A: <u>04/11/2012</u>
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15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD <u>9010</u> TVD** <u>8471</u>	17 Plug Back Total Depth MD <u>8987</u> TVD** <u>8448</u>
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18. Elevations GR <u>5116</u> KB <u>5129</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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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+/250	8.625		0	914	375	0	914	CALC
1ST	7+/875	4.5		0	8,996	690	4,260	8,996	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	5,157		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	8,082		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,465		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,899		<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: Drilling and Compl. Tech. Date: \_\_\_\_\_ Email: sheilla.reedhigh@Encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400305299	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400305298	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"/>
<b>Other Attachments</b>			
400305297	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305302	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305306	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)