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Document Number:  
400334171

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 05-013-06633-00 6. County: BOULDER  
 7. Well Name: CANYON CREEK Well Number: 8-6-13 X  
 8. Location: QtrQtr: NWSE Section: 13 Township: 1N Range: 69W Meridian: 6  
 Footage at surface: Distance: 2036 feet Direction: FSL Distance: 2115 feet Direction: FEL  
 As Drilled Latitude: 40.049551 As Drilled Longitude: -105.063038

GPS Data:  
 Date of Measurement: 09/10/2012 PDOP Reading: 3.3 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 1295 feet. Direction: FSL Dist.: 134 feet. Direction: FEL  
 Sec: 13 Twp: 1N Rng: 69W  
 \*\* If directional footage at Bottom Hole Dist.: 1299 feet. Direction: FSL Dist.: 118 feet. Direction: FEL  
 Sec: 13 Twp: 1N Rng: 69W

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) 07/04/2012 13. Date TD: 07/07/2012 14. Date Casing Set or D&A: 07/08/2012

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

16. Total Depth MD 8829 TVD\*\* 8430 17 Plug Back Total Depth MD 8776 TVD\*\* 8377

18. Elevations GR 5058 KB 5071 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
CONDUCTOR	26+0	16		0	189		0	189	CALC
SURF	12+/250	8.625		0	839	400	0	850	CBL
1ST	7+/875	4.5		0	8,829	695	4,150	8,805	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	4,850		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,805		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,211		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,652		<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>			
400334175	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400334172	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>			
400334173	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400334174	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400334176	DIRECTIONAL DATA	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)