

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



DE ET OE ES

Document Number:

400419647

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 05-123-35810-00
6. County: WELD
7. Well Name: ECHEVERRIA Well Number: 2B-2H
8. Location: QtrQtr: NENW Section: 2 Township: 2N Range: 67W Meridian: 6
Footage at surface: Distance: 554 feet Direction: FNL Distance: 1457 feet Direction: FWL
As Drilled Latitude: 40.172926 As Drilled Longitude: -104.861844

GPS Data:
Date of Measurement: 10/12/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 754 feet. Direction: FNL Dist.: 1616 feet. Direction: FWL
Sec: 2 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 462 feet. Direction: FSL Dist.: 1758 feet. Direction: FWL
Sec: 2 Twp: 2N Rng: 67W

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) 08/29/2012 13. Date TD: 09/12/2012 14. Date Casing Set or D&A: 09/14/2012

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

16. Total Depth MD 11879 TVD** 7373 17 Plug Back Total Depth MD 11833 TVD** 7373

18. Elevations GR 4858 KB 0
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:
Radial Bond Log Gamma Ray C.C.L, ALD Azim. Litho Density PCG Press. Case Gamma Ray PCD Press. Case Directional

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	24+0/0	16+0/0		0	80		0	80	
SURF	12+1/4	9+5/8		0	909	371	0	909	CALC
1ST	8+3/4	7+0/0		0	7,758	590	0	7,773	CBL
2ND	6+1/8	4+1/2		0	11,833	330	7,258	11,879	CALC

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	
NIOBRARA	7,190		<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 ?	
Attachment Checklist			
400419843	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400419866	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"/>
Other Attachments			
400419792	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400419817	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400419870	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)