

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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DRILLING COMPLETION REPORT

Document Number:

2554379

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: 80202-56
4. Contact Name: SHEILLA REED-HIGH
Phone: (720) 876-3678
Fax: (720) 876-4678

5. API Number 05-123-30607-00
6. County: WELD
7. Well Name: RAY NELSON Well Number: 33-32
8. Location: QtrQtr: SWSE Section: 32 Township: 2N Range: 68W Meridian: 6
Footage at surface: Distance: 824 feet Direction: FSL Distance: 1695 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage
at Top of Prod. Zone Distance: 2159 feet Direction: FSL Distance: 1939 feet Direction: FEL
Sec: 32 Twp: 2N Rng: 68W
at Bottom Hole Distance: 2166 feet Direction: FSL Distance: 1941 feet Direction: FEL
Sec: 32 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) 02/23/2010 13. Date TD: 02/28/2010 14. Date Casing Set or D&A: 03/01/2010

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

16. Total Depth MD 8400 TVD 8216 17 Plug Back Total Depth MD 8300 TVD 8116

18. Elevations GR 4980 KB 4995
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+1/4	8+5/8		0	857	330	0	857	CALC
1ST	7+7/8	4+1/2		0	8,382	550	3,850	8,382	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
SHANNON	5,058		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,463		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,770		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,196		<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: SHEILA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 5/18/2010 Email: SHEILA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Name
2071916	DIRECTIONAL SURVEY
2554377	DIRECTIONAL SURVEY
2554378	CEMENT JOB SUMMARY
2554379	FORM 5 SUBMITTED

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)