FORM 5	State of Colorado
Rev 02/08	Oil and Gas Conservation Commission

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

DRILLING COMPLETION REPORT

Document Number:

1633496

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 [X] 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   05-123-31763-00
6. County: WELD
7. Well Name: SEGAL   Well Number: 0-2-24
8. Location: QtrQtr: NWNW   Section: 24   Township: 4N   Range: 66W   Meridian: 6

Footage at surface: Distance: 636   feet   Direction: FNL   Distance: 694   feet   Direction: FWL

As Drilled Latitude: 40.303030   As Drilled Longitude: -104.732469

GPS Data:

Data of Measurement: 12/29/2010   PDOP Reading: 3.7   GPS Instrument Operator's Name: PAT LINDERHOLM

** If directional footage at Top of Prod. Zone   Dist.:   1481   feet. Direction: FNL   Dist.:   70   feet. Direction: FWL

Sec: 24   Twp: 4N   Rng: 66W

** If directional footage at Bottom Hole   Dist.:   1528   feet. Direction: FNL   Dist.:   78   feet. Direction: FWL

Sec: 24   Twp: 4N   Rng: 66W

9. Field Name: HAMBERT   10. Field Number: 33530
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/04/2020   13. Date TD: 12/10/2010   14. Date Casing Set or D&A: 12/04/2010

15. Well Classification:

[ ] Dry   [ ] Oil   [X] Gas/Coalbed   [ ] Disposal   [ ] Stratigraphic   [ ] Enhanced Recovery   [ ] Storage   [ ] Observation

16. Total Depth   MD   7988   TVD**   7848   17 Plug Back Total Depth   MD   7914   TVD**   7774

18. Elevations   GR   4721   KB   4733 | 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	532	250	0	532	CALC
1ST	7+7/8	4+1/2		0	7,972	630	3,300	7,972	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	
SUSSEX	4,454		☐	☐	
NIOBRARA	7,080		☐	☐	
CODELL	7,342		☐	☐	
J SAND	7,820		☐	☐	

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: OPERATIONS   Date: 1/31/2011   Email: SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name				
1633498	CMT Summary *	Yes ☒	No ☐
	Core Analysis	Yes ☐	No ☒
1633497	Directional Survey **	Yes ☒	No ☐
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☐	No ☒
	Other	Yes ☐	No ☒

Other Attachments

Att Doc Num	Document Name		
1633496	FORM 5 SUBMITTED	Yes ☒	No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)