

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



DE ET OE ES

Document Number:  
1634724

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

5. API Number: 05-123-32038-00  
6. County: WELD  
7. Well Name: KENNEDY Well Number: 8-0-21  
8. Location: QtrQtr: NWNW Section: 21 Township: 2N Range: 68W Meridian: 6  
Footage at surface: Distance: 632 feet Direction: FNL Distance: 2019 feet Direction: FEL  
As Drilled Latitude: 40.129776 As Drilled Longitude: -105.005978

GPS Data:

Data of Measurement: 01/28/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 68 feet. Direction: FNL Dist.: 67 feet. Direction: FEL  
Sec: 21 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 45 feet. Direction: FNL Dist.: 51 feet. Direction: FEL  
Sec: 21 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) 01/11/2011 13. Date TD: 01/15/2011 14. Date Casing Set or D&A: 11/16/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8500 TVD\*\* 8060 17 Plug Back Total Depth MD 8424 TVD\*\* 7984

18. Elevations GR 4885 KB 4898

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             | 800           | 350       | 0       | 800     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          |       | 0             | 8,488         | 696       | 3,260   | 8,488   | 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         | 4,526          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,618          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,886          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND         | 8,308          |        | <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: 3/14/2011 Email: SHEILA.REEDHIGH@ENCANA.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 1634726                     | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 1634725                     | 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 type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Other                 | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u>    |                       |   |  |
| 1634724                     | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)