

**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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Document Number:  
  
1635841

**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: 80202-56

5. API Number 05-123-32471-00 6. County: WELD  
 7. Well Name: WANDELL Well Number: 8-2-7  
 8. Location: QtrQtr: NENE Section: 7 Township: 2N Range: 67W Meridian: 6  
 Footage at surface: Distance: 925 feet Direction: FNL Distance: 1135 feet Direction: FEL  
 As Drilled Latitude: 40.157895 As Drilled Longitude: -104.927840

GPS Data:

Data of Measurement: 04/18/2011 PDOP Reading: 3.3 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 454 feet. Direction: FNL Dist.: 74 feet. Direction: FEL  
 Sec: 7 Twp: 2N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 457 feet. Direction: FNL Dist.: 81 feet. Direction: FEL  
 Sec: 7 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) 03/14/2011 13. Date TD: 03/18/2011 14. Date Casing Set or D&A: 03/19/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8111 TVD\*\* 7952 17 Plug Back Total Depth MD 8056 TVD\*\* 7897

18. Elevations GR 4892 KB 4905

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, DUAL IND/COMPENSATED DENSITY/COMPENSATED NEUTRON

20. Casing, Liner and Cement:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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	939	376	0	939	CALC
1ST	7+7/8	4+1/2		0	8,097	710	3,420	8,097	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	4,346		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,296		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,548		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,978		<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: OPERATIONS Date: 4/27/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1635843	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1635842	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>			
1635841	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Rec'd FORM 5A (and duplicate FORM 5) and LAS logs.	7/8/2011 11:08:17 AM
Permit	e-mailed Sheilla Reed-High requesting LAS of DIL/CN/CD and FORM 5A.	6/28/2011 2:05:17 PM

Total: 2 comment(s)