

**FORM
5**Rev
02/08State 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:

1635838

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 05-123-32469-00 6. County: WELD
7. Well Name: WANDEL Well Number: 6-4-7
8. Location: QtrQtr: NENE Section: 7 Township: 2N Range: 67W Meridian: 6
Footage at surface: Distance: 931 feet Direction: FNL Distance: 1128 feet Direction: FEL
As Drilled Latitude: 40.157864 As Drilled Longitude: -104.927838

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.: 2547 feet. Direction: FSL Dist.: 1313 feet. Direction: FELSec: 7 Twp: 2N Rng: 67W** If directional footage at Bottom Hole Dist.: 2546 feet. Direction: FSL Dist.: 1313 feet. Direction: FELSec: 7 Twp: 2N Rng: 67W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/09/2011 13. Date TD: 03/13/2011 14. Date Casing Set or D&A: 03/14/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8350 TVD** 7961 17 Plug Back Total Depth MD 8306 TVD** 791718. 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

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	939	376	0	939	CALC
1ST	7+7/8	4+1/2		0	8,337	719	2,670	8,337	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	4,546		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,532		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,790		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,218		<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>					
1635840	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1635839	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>					
1635838	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Rec'd correct cmt. tkt.-ATTACHED TO THIS FORM 5 WITH LASERFICHE.	7/18/2011 1:56:12 PM
Permit	e-mailed Sheilla Reed-High requesting correct cmt. tkt.--attached tkt. for Wandell 8-2-7	7/13/2011 2:00:25 PM

Total: 2 comment(s)