

**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:

1635101

**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 &amp; 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 05-123-32468-00

6. County: WELD

7. Well Name: EAST RINN

Well Number: 24-15

8. Location: QtrQtr: NESW Section: 15 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 2342 feet Direction: FSL Distance: 2430 feet Direction: FWL

As Drilled Latitude: 40.137922 As Drilled Longitude: -104.990044

## GPS Data:

Data of Measurement: 03/29/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 593 feet. Direction: FSL Dist.: 2086 feet. Direction: FWL

Sec: 15 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 604 feet. Direction: FSL Dist.: 2087 feet. Direction: FWL

Sec: 15 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) 01/18/2011 13. Date TD: 01/22/2011 14. Date Casing Set or D&amp;A: 01/23/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8385 TVD\*\* 8037 17 Plug Back Total Depth MD 8344 TVD\*\* 7996

18. Elevations GR 4874 KB 4887

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:

### 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	875	350	0	875	CALC
1ST	7+7/8	4+1/2		0	8,375	240	6,675	8,375	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
		5,397	275	3,210	5,397

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	4,482		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,512		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,792		<input type="checkbox"/>	<input type="checkbox"/>	
JSND-SUSSEX-SHANNON	8,215		<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: COPERATIONS TECHNOLOGIST Date: 3/29/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1635103	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1635102	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>					
1635101	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	REQ LAS IND/DEN/NEU	7/21/2011 11:30:52 AM

Total: 1 comment(s)