

**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:

1636586

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: 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) 12/04/2010 13. Date TD: 12/10/2010 14. Date Casing Set or D&A: 12/11/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ 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		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,080		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,342		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,820		<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: 1/31/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
1636586	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
1636587	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)