

**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:

2586662

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 05-123-31206-00

6. County: WELD

7. Well Name: FOSTER

Well Number: 4-6-5

8. Location: QtrQtr: SESE Section: 5 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 560 feet Direction: FSL Distance: 1328 feet Direction: FEL

As Drilled Latitude: 40.074561 As Drilled Longitude: -105.022552

GPS Data:

Data of Measurement: 05/23/2011 PDOP Reading: 4.5 GPS Instrument Operator's Name: PAT LINDERHOLM

** If directional footage at Top of Prod. Zone Dist.: 1403 feet. Direction: FSL Dist.: 2470 feet. Direction: FEL

Sec: 5 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1415 feet. Direction: FSL Dist.: 2457 feet. Direction: FEL

Sec: 5 Twp: 1N 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) 04/13/2011 13. Date TD: 04/16/2011 14. Date Casing Set or D&A: 04/17/2011

15. Well Classification:

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

16. Total Depth MD 8565 TVD** 8362 17 Plug Back Total Depth MD 8520 TVD** 8317

18. Elevations GR 5037 KB 5050

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	1,055	460	0	1,055	CALC
1ST	7+7/8	4+1/2		0	8,550	670	4,080	8,550	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	4,696		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,652		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,990		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND & SHANNON	8,416		<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: 2/25/2011 Email: SHEILA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2586664	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2586663	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>					
2586662	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	e-mailed Sheilla to request digital CBL.	7/26/2011 9:19:03 AM

Total: 1 comment(s)