

**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.

Document Number:  
  
1636314

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-

5. API Number 05-013-06641-00 6. County: BOULDER  
 7. Well Name: WIGGETT Well Number: 2-13  
 8. Location: QtrQtr: NWNW Section: 13 Township: 1N Range: 69W Meridian: 6  
 Footage at surface: Distance: 592 feet Direction: FNL Distance: 1241 feet Direction: FWL  
 As Drilled Latitude: 40.056992 As Drilled Longitude: -105.070043

GPS Data:  
 Date of Measurement: 05/02/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 1316 feet. Direction: FNL Dist.: 1296 feet. Direction: FWL  
 Sec: 19 Twp: 1N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 1329 feet. Direction: FNL Dist.: 1295 feet. Direction: FWL  
 Sec: 19 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) 04/12/2011 13. Date TD: 04/19/2011 14. Date Casing Set or D&A: 04/20/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8426 TVD\*\* 8349 17 Plug Back Total Depth MD 8369 TVD\*\* 8292

18. Elevations GR 5016 KB 5028  
 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:

| <b>CASING</b> |              |                |       |               |               |           |         |         |        |
|---------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| 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             | 964           | 380       | 0       | 964     | CALC   |
| 1ST           | 7+7/8        | 4+1/2          |       | 0             | 8,414         | 750       | 2,740   | 8,414   | 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                                 | 4,510          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 7,462          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,852          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND                                 | 8,262          |        | <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: SANDRA SALAZAR

Title: PERMITTING Date: 5/11/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> |                       |   |  |
| 1636316                     | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 1636315                     | 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>    |                       |   |  |
| 1636314                     | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment   | Comment Date             |
|------------|---|--------------------------|
| Permit     | REC'D PAPER COPY CBL #1669945 IN SCANNING. (PAPER COPY #1800461 WILL NOT OPEN IN DOC.) PDF CBL #700083770 IN DOC. | 8/19/2011<br>11:42:55 AM |
| Permit     | e-mailed Sheilla to request paper copy of CBL and LAS of N/D/IL   | 7/25/2011<br>2:24:15 PM  |

Total: 2 comment(s)