

FORM
5Rev
02/08

State 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:

2285177

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-

5. API Number 05-123-32168-00

6. County: WELD

7. Well Name: RODMAN BRUNTZ

Well Number: 22-26

8. Location: QtrQtr: SWNW Section: 26 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1638 feet Direction: FNL Distance: 985 feet Direction: FWL

As Drilled Latitude: 40.111985 As Drilled Longitude: -104.750542

GPS Data:

Date of Measurement: 09/20/2011 PDOP Reading: 2.9 GPS Instrument Operator's Name: PAT LINDERHOLM

** If directional footage at Top of Prod. Zone Dist.: 2108 feet. Direction: FNL Dist.: 1972 feet. Direction: FWL

Sec: 26 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2108 feet. Direction: FNL Dist.: 1981 feet. Direction: FWL

Sec: 26 Twp: 2N Rng: 66W

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) 08/31/2011 13. Date TD: 09/04/2011 14. Date Casing Set or D&A: 09/06/2011

15. Well Classification:

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

16. Total Depth MD 8312 TVD** 8161 17 Plug Back Total Depth MD 8260 TVD** 8109

18. Elevations GR 5075 KB 5087

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/COMPESATED NEUTRON (2203932-933)

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	1,133	390	0	1,133	VISU
1ST	7+7/8	4+1/2		0	8,298	590	3,780	8,298	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	4,807		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,391		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,664		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,112		<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: 9/29/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285178	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072817	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>					
2285177	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC D/S AND ATTACHED	11/21/2011 9:59:11 AM
Permit	REQ D/S AND MWD/FMI LOGS	11/21/2011 9:44:40 AM

Total: 2 comment(s)