

**FORM**  
**5**  
Rev  
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



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| DE | ET | OE | ES |
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Document Number:  
400260192

Date Received:

**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 05-123-32233-00 6. County: WELD  
 7. Well Name: MARTINSON Well Number: 0-6-24  
 8. Location: QtrQtr: SWSW Section: 24 Township: 4N Range: 66W Meridian: 6  
 Footage at surface: Distance: 501 feet Direction: FSL Distance: 510 feet Direction: FWL  
 As Drilled Latitude: 40.291625 As Drilled Longitude: -104.733108

GPS Data:  
 Date of Measurement: 03/09/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 1254 feet. Direction: FSL Dist.: 64 feet. Direction: FWL  
 Sec: 24 Twp: 4N Rng: 66W  
 \*\* If directional footage at Bottom Hole Dist.: 1255 feet. Direction: FSL Dist.: 64 feet. Direction: FWL  
 Sec: 24 Twp: 4N 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) 12/25/2011 13. Date TD: 12/30/2011 14. Date Casing Set or D&A: 12/31/2011

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

16. Total Depth MD 7957 TVD\*\* 7853 17 Plug Back Total Depth MD 7940 TVD\*\* 7836

18. Elevations GR 4744 KB 4757 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+/25       | 8.625          |       | 0             | 540           | 260       |         | 540     | CALC   |
| 1ST         | 7+/875       | 4.5            |       | 3110          | 7,944         | 655       |         | 7,944   | 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                                 | 4,510          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 7,042          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,342          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND                                 | 7,814          |        | <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: Drilling and Compl Tech Date: \_\_\_\_\_ Email: sheilla.reedhigh@Encana.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400264619                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400264621                   | 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 checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Other                 | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 400260193                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400260194                   | LAS-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400264623                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400264624                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)