

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:

400264693

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 &amp; 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 05-123-32230-00

6. County: WELD

7. Well Name: MARTINSON

Well Number: 4-6-24

8. Location: QtrQtr: NESW Section: 24 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 1936 feet Direction: FSL Distance: 2026 feet Direction: FWL

As Drilled Latitude: 40.295737 As Drilled Longitude: -104.727690

## 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.: 1426 feet. Direction: FSL Dist.: 2630 feet. Direction: FWL

Sec: 24 Twp: 4N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 1426 feet. Direction: FSL Dist.: 2630 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) 01/16/2012 13. Date TD: 01/22/2012 14. Date Casing Set or D&amp;A: 01/24/2012

## 15. Well Classification:

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

16. Total Depth MD 7990 TVD\*\* 7817 17 Plug Back Total Depth MD 7852 TVD\*\* 7769

18. Elevations GR 4737 KB 4749

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:

## 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             | 544           | 215       | 0       | 544     | CALC   |
| 1ST         | 7+/-875      | 4.5            |       | 0             | 7,886         | 623       | 3,480   | 7,886   | 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                                 | 4,377          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 6,979          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 7,286          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND                                 | 7,761          |        | <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 ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400264695                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input 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 checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Other                 | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 400264696                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400264697                   | PDF-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400264700                   | PDF-DENSITY/NEUTRON   | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400264701                   | LAS-DENSITY/NEUTRON   | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

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

Total: 0 comment(s)