

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



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Document Number:

400252604

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) 876-3678

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-34687-00

6. County: WELD

7. Well Name: SLATER

Well Number: 34-28

8. Location: QtrQtr: NWSE Section: 28 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 1346 feet Direction: FSL Distance: 1695 feet Direction: FEL

As Drilled Latitude: 40.193210 As Drilled Longitude: -105.004432

GPS Data:

Data of Measurement: 03/26/2012 PDOP Reading: 2.6 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 630 feet. Direction: FSL Dist.: 2083 feet. Direction: FEL

Sec: 28 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 630 feet. Direction: FSL Dist.: 2083 feet. Direction: FEL

Sec: 28 Twp: 3N 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) 12/23/2011 13. Date TD: 12/29/2011 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 7835 TVD** 7710 17 Plug Back Total Depth MD 7761 TVD** 7526

18. Elevations GR 4961 KB 4974

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 | 907 | 404 | 0 | 907 | CALC |
| 1ST | 7+/-875 | 4.6 | | 0 | 7,824 | 630 | 3,480 | 7,824 | 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 | 3,962 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,973 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,232 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,669 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

The system will not allow me to import the Directional Survey Information for this well.

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> | | |
| 400253430 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400266993 | 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"/> |
| <u>Other Attachments</u> | | |
| 400252676 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400252693 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400252700 | PDF-DENSITY/NEUTRON | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400252704 | LAS-DENSITY/NEUTRON | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400266994 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)