

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400290880

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 05-123-34578-00

6. County: WELD

7. Well Name: MELBON RANCH

Well Number: 6-4-17

8. Location: QtrQtr: NESE Section: 17 Township: 2N Range: 65W Meridian: 6

Footage at surface: Distance: 1984 feet Direction: FSL Distance: 429 feet Direction: FEL

As Drilled Latitude: 40.136907 As Drilled Longitude: -104.679954

## GPS Data:

Date 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.: 2534 feet. Direction: FSL Dist.: 1632 feet. Direction: FEL

Sec: 17 Twp: 2N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 2532 feet. Direction: FSL Dist.: 1612 feet. Direction: FEL

Sec: 17 Twp: 2N Rng: 65W

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) 02/27/2012 13. Date TD: 03/03/2012 14. Date Casing Set or D&amp;A: 03/04/2012

## 15. Well Classification:

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

16. Total Depth MD 8055 TVD\*\* 7862 17 Plug Back Total Depth MD 7996 TVD\*\* 7803

18. Elevations GR 4901 KB 4913

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             | 885           | 325       | 0       | 885     | CALC   |
| 1ST         | 7+/-875      | 4.5            |       | 0             | 8,045         | 710       | 4,190   | 8,045   | 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:

| <b>FORMATION LOG INTERVALS AND TEST ZONES</b> |                |        |                          |                          |   |
|---|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME                                | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|   | Top            | Bottom | DST                      | Cored                    |   |
| SUSSEX  | 4,508          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                                      | 7,148          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL  | 7,427          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND  | 7,874          |        | <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: <u>Sheilla Reed-High</u>                  |
| Title: <u>Drilling and Compl. Tech.</u>  | Date: _____ Email: <u>sheilla.reedhigh@Encana.com</u> |

### **Attachment Check List**

| Att Doc Num                 | Document Name         | attached ?  |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> |                       |   |
| 400290950                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                             | Core Analysis         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400290954                   | 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>    |                       |   |
| 400290956                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400290960                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400290961                   | LAS-CEMENT BOND       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### **General Comments**

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

Total: 0 comment(s)