

FORM  
5

Rev  
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:

2286589

Date Received:

12/20/2011

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  
2. Name of Operator: ENCANA OIL & GAS (USA) INC  
3. Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-  
4. Contact Name: SHEILLA REED-HIGH  
Phone: (720) 876-3678  
Fax: (720) 876-4678

5. API Number 05-123-33363-00  
6. County: WELD  
7. Well Name: FREDERIKSEN Well Number: 1A-28H  
8. Location: QtrQtr: SENE Section: 28 Township: 3N Range: 68W Meridian: 6  
Footage at surface: Distance: 2250 feet Direction: FNL Distance: 257 feet Direction: FEL  
As Drilled Latitude: 40.197952 As Drilled Longitude: -104.999288

GPS Data:  
Date of Measurement: 09/28/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: PAT LINDERHOLM

\*\* If directional footage at Top of Prod. Zone Dist.: 2161 feet. Direction: FNL Dist.: 626 feet. Direction: FEL  
Sec: 28 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2026 feet. Direction: FNL Dist.: 648 feet. Direction: FWL  
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) 07/18/2011 13. Date TD: 08/08/2011 14. Date Casing Set or D&A: 08/15/2011

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

16. Total Depth MD 11663 TVD\*\* 6925 17 Plug Back Total Depth MD 11663 TVD\*\* 6925

18. Elevations GR 4976 KB 4988  
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/COMPENSATED DENSITY NEUTRON LOG/HOLE VOLUME DENSITY CALIPER LOG/8 ARM CALIPER IMAGER LOG/ARRAY INDUCTION LOG/GEO LOG PLOT

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
CONDUCTOR	22	16		0	76				
SURF	12+1/4	9+5/8		0	835	275	0	835	CALC
1ST	8+3/4	7		0	7,518	595	5,390	7,518	CBL
1ST LINER	6+1/8	4+1/2		6388	11,648				

**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	3,969		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,061		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOCUMENT #2286587

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: 12/20/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
2286591	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2286590	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"/>
<b><u>Other Attachments</u></b>			
2286589	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2286592	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Digital logs received.	5/9/2012 2:55:53 PM
Permit	ON HOLD: Requesting Digital logs. Confirm Directional Survey footages.	1/26/2012 11:01:35 AM

Total: 2 comment(s)