

**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:

400307693

Date Received:

07/20/2012

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 05-123-34590-00 6. County: WELD
7. Well Name: MELBON RANCH Well Number: 23-17
8. Location: QtrQtr: NWSW Section: 17 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 1532 feet Direction: FSL Distance: 1243 feet Direction: FWL
As Drilled Latitude: 40.135621 As Drilled Longitude: -104.692939

GPS Data:

Data of Measurement: 06/11/2012 PDOP Reading: 2.8 GPS Instrument Operator's Name: Pat Linderholm** If directional footage at Top of Prod. Zone Dist.: 2126 feet. Direction: FSL Dist.: 2072 feet. Direction: FWLSec: 17 Twp: 2N Rng: 65W** If directional footage at Bottom Hole Dist.: 2129 feet. Direction: FSL Dist.: 2087 feet. Direction: FWLSec: 17 Twp: 2N Rng: 65W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/19/2012 13. Date TD: 04/24/2012 14. Date Casing Set or D&A: 04/25/2012

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8054 TVD** 7928 17 Plug Back Total Depth MD 7987 TVD** 786118. Elevations GR 4940 KB 4952

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+1/4	8+5/8	24	0	876	325	0	876	VISU
1ST	7+7/8	4+1/2	11.6	0	8,025	655	3,560	8,025	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	4,499		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,212		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,431		<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: Sheilla Reed-High
Title: Drilling and Compl. Tech. Date: 7/20/2012 Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400307720	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400307719	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>					
400307693	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400307722	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400307723	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400307726	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)