

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:

1706289

Date Received:

11/04/2008

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: (303) 623-2300

3. Address: 370 17TH ST STE 1700 ATT

Fax: (303) 623-2400

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-26475-00

6. County: WELD

7. Well Name: SULLIVAN

Well Number: 8-6-26

8. Location: QtrQtr: NESE Section: 26 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 2067 feet Direction: FSL Distance: 651 feet Direction: FEL

As Drilled Latitude: 40.107970 As Drilled Longitude: -104.963265

GPS Data:

Data of Measurement: 10/30/2008 PDOP Reading: 2.7 GPS Instrument Operator's Name: ROB THOMAS

** If directional footage at Top of Prod. Zone Dist.: 1347 feet. Direction: FSL Dist.: 52 feet. Direction: FEL

Sec: 26 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1344 feet. Direction: FSL Dist.: 47 feet. Direction: FEL

Sec: 26 Twp: 2N Rng: 68W

9. Field Name: SPINDLE

10. Field Number: 77900

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/06/2008 13. Date TD: 10/11/2008 14. Date Casing Set or D&A: 10/12/2008

15. Well Classification:

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

16. Total Depth MD 8285 TVD** 8197 17 Plug Back Total Depth MD 8126 TVD** 8038

18. Elevations GR 4971 KB 4986

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/COMP.DENSITY/COMP.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+1/4	8+5/8		0	905	360	0	905	
1ST	7+7/8	4+1/2		0	8,272	400	6,820	8,272	CBL
S.C. 1.1					5,481	390	4,390	5,481	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	4,574		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,036		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,414		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,708		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,132		<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: Y _____

Print Name: SHEILLA.REED-HIGH _____

Title: OPS TECHNOLOGIST

Date: 10/30/2008

Email: SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1785152	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"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)