

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:

400445752

Date Received:

07/11/2013

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 05-123-34332-00
6. County: WELD
7. Well Name: ARISTOCRAT ANGUS Well Number: 3-3
8. Location: QtrQtr: SWSW Section: 3 Township: 3N Range: 65W Meridian: 6
Footage at surface: Distance: 533 feet Direction: FSL Distance: 793 feet Direction: FWL
As Drilled Latitude: 40.248571 As Drilled Longitude: -104.656036

GPS Data:
Date of Measurement: 05/30/2013 PDOP Reading: 2.5 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 1360 feet. Direction: FSL Dist.: 1315 feet. Direction: FWL
Sec: 3 Twp: 3N Rng: 65W
** If directional footage at Bottom Hole Dist.: 1355 feet. Direction: FSL Dist.: 1320 feet. Direction: FWL
Sec: 3 Twp: 3N 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) 05/14/2013 13. Date TD: 05/17/2013 14. Date Casing Set or D&A: 05/17/2013

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

16. Total Depth MD 7458 TVD** 7340 17 Plug Back Total Depth MD 7416 TVD** 7298

18. Elevations GR 4808 KB 4821
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		0	757	300	0	767	CALC
1ST	7+7/8	4+1/2		0	7,447	535	3,196	7,458	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	4,456		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,979		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,252		<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 D. Reed-High

Title: Drilling and Compl. Tech. Date: 7/11/2013 Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400445997	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400446002	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>			
400445752	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400446003	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400446005	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)