

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400272737

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: Erin Hochstetler

2. Name of Operator: ENCANA OIL &amp; GAS (USA) INC

Phone: (720) 876-5827

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

5. API Number 05-045-20759-00

6. County: GARFIELD

7. Well Name: Encana Fee

Well Number: 19-6B (K19CNE)

8. Location: QtrQtr: LOT 3 Section: 19 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 2334 feet Direction: FSL Distance: 416 feet Direction: FWL

As Drilled Latitude: 39.511233 As Drilled Longitude: -107.713471

## GPS Data:

Data of Measurement: 11/08/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brandon Birdsall

\*\* If directional footage at Top of Prod. Zone Dist.: 1500 feet. Direction: FNL Dist.: 1518 feet. Direction: FWL

Sec: 19 Twp: 6S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 1496 feet. Direction: FNL Dist.: 1533 feet. Direction: FWL

Sec: 19 Twp: 6S Rng: 92W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/26/2011 13. Date TD: 01/22/2012 14. Date Casing Set or D&amp;A: 01/23/2012

## 15. Well Classification:

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

16. Total Depth MD 8430 TVD\*\* 8109 17 Plug Back Total Depth MD 8014 TVD\*\* 7693

18. Elevations GR 5665 KB 5687

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, RST, MUD

## 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	26	16	42	0	72	40	0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,346	424	0	1,370	CALC
2ND	8+3/4	4+1/2	12	0	8,396	935	2,200	8,430	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:

**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	
MESAVERDE	4,036	4,625	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,626	7,770	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,771	8,430	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Well is currently shut in to maintain water balance in Mamm Creek.  
CBL & RST logs are on the same .las document.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Erin Hochstetler

Title: Permitting Technician

Date:

Email: erin.hochstetler@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400272751	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400272749	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>					
400272746	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400272756	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)