

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



DE ET OE ES

Document Number:

2287023

Date Received:

01/20/2012

## 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 &amp; 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 05-123-31382-00

6. County: WELD

7. Well Name: IONE

Well Number: 6-8-2

8. Location: QtrQtr: NESE Section: 2 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1264 feet Direction: FSL Distance: 1270 feet Direction: FEL

As Drilled Latitude: 40.163578 As Drilled Longitude: -104.739439

## GPS Data:

Data of Measurement: 11/22/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: ALEX LUNA

\*\* If directional footage at Top of Prod. Zone Dist.: 100 feet. Direction: FSL Dist.: 1369 feet. Direction: FEL

Sec: 2 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 103 feet. Direction: FSL Dist.: 1371 feet. Direction: FEL

Sec: 2 Twp: 1N Rng: 66W

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) 10/18/2011 13. Date TD: 10/22/2011 14. Date Casing Set or D&amp;A: 10/24/2011

## 15. Well Classification:

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

16. Total Depth MD 8245 TVD\*\* 8081 17 Plug Back Total Depth MD 8180 TVD\*\* 8016

18. Elevations GR 5051 KB 5063

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/COMPENSATED DENSITY/COMPENSATED 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	24	0	888	315	0	888	VISU
1ST	7+7/8	4+1/2	11.6	0	8,232	635	3,640	8,232	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	
SUSSEX	4,664		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,371		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,645		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,090		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 12/28/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2287025	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2287024	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"/>
<u>Other Attachments</u>					
2287023	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400272233	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)