

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:

400346529

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: 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 05-123-35366-00

6. County: WELD

7. Well Name: DAVIS

Well Number: 1C-9H

8. Location: QtrQtr: SWNE Section: 9 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 2326 feet Direction: FNL Distance: 1622 feet Direction: FEL

As Drilled Latitude: 40.153535 As Drilled Longitude: -104.778571

GPS Data:

Data of Measurement: 07/02/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 1982 feet. Direction: FNL Dist.: 2461 feet. Direction: FEL

Sec: 9 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 384 feet. Direction: FNL Dist.: 2446 feet. Direction: FEL

Sec: 4 Twp: 2N 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) 04/10/2012 13. Date TD: 05/03/2012 14. Date Casing Set or D&A: 05/06/2012

15. Well Classification:

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

16. Total Depth MD 14495 TVD** 7186 17 Plug Back Total Depth MD 14316 TVD** 7156

18. Elevations GR 4915 KB 4928

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:

Isolation Scanner Cement Evaluation Log/ GeoLogPlot

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	9+5/8		0	972	285	0	985	CALC
1ST	8+3/4	7+0/0		0	7,637	645	0	7,655	CBL
1ST LINER	6+1/8	4+1/2		0	14,482	500	5,782	14,495	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	4,410		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,160		<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-HighTitle: Drilling and Compl. Tech. Date: _____ Email: sheilla.reedhigh@Encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400346714	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400362540	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>					
400346645	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400346734	PDF-ELECTRONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400346741	PDF-ELECTRONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)