

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:  
400387938

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  
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 05-123-36089-00  
6. County: WELD  
7. Well Name: IONE Well Number: 2E-2H  
8. Location: QtrQtr: NENW Section: 2 Township: 2N Range: 66W Meridian: 6  
Footage at surface: Distance: 509 feet Direction: FNL Distance: 1410 feet Direction: FWL  
As Drilled Latitude: 40.173110 As Drilled Longitude: -104.748730

GPS Data:  
Date of Measurement: 07/27/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 1221 feet. Direction: FNL Dist.: 1839 feet. Direction: FWL  
Sec: 2 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 462 feet. Direction: FSL Dist.: 1822 feet. Direction: FWL  
Sec: 2 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) 01/18/2013 13. Date TD: 02/22/2013 14. Date Casing Set or D&A: 02/25/2013

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

16. Total Depth MD 11391 TVD\*\* 7332 17 Plug Back Total Depth MD 11371 TVD\*\* 7333

18. Elevations GR 5046 KB 5059  
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:  
Cement Bond, V.D.L, Gamma-Ray & C.C.L., 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
CONDUCTOR		16+0/0		0	96		0	0	CALC
SURF	12+1/4	9+5/8		0	96	409	0	1,055	CALC
1ST	8+3/4	4+1/2		0	1,055	645	0	7,728	CBL
2ND		+0/0		0	7,228	25	7,228	7,409	CBL
3RD	6+1/8	4+1/2		0	11,376	300	5,069	11,391	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	
NIOBRARA	7,559		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The Final GPS reading and the surface cement report will be e-mail as soon as received.

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: Drilling and Compl. Tech. Date: \_\_\_\_\_ Email: sheilla.reedhigh@Encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400387996	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400387981	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>			
400387984	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388005	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388008	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388121	PDF-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388122	PDF-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388128	PDF-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388129	PDF-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388130	LAS-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)