

**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:  400406183			
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 05-123-34942-00	6. County: WELD
7. Well Name: BEARDEN	Well Number: 2-4-6
8. Location: QtrQtr: NESW Section: 6 Township: 1N Range: 68W Meridian: 6	
Footage at surface: Distance: 1418 feet Direction: FSL	Distance: 1579 feet Direction: FWL
As Drilled Latitude: 40.076900	As Drilled Longitude: -105.049800

## GPS Data:

Data of Measurement: 08/19/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: Craig Burke

\*\* If directional footage at Top of Prod. Zone Dist.: 2630 feet. Direction: FSL Dist.: 1165 feet. Direction: FWL

Sec: 6 Twp: 1N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2647 feet. Direction: FSL Dist.: 1165 feet. Direction: FWL

Sec: 6 Twp: 1N Rng: 68W

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) 02/21/2013 13. Date TD: 02/25/2013 14. Date Casing Set or D&amp;A: 02/26/2013

## 15. Well Classification:

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

16. Total Depth MD 8414 TVD\*\* 8245 17 Plug Back Total Depth MD 8365 TVD\*\* 8196

18. Elevations GR 4978 KB 4991

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		0	754	310	0	765	CALC
1ST	7+7/8	4+1/2		0	8,402	690	3,206	8,414	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	4,494		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,484		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,827		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,254		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final GPS information to be e-mailed.

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>					
400406208	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400406209	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>					
400406207	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400406210	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400406216	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400406232	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)