

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:

400486845

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: Cristi Cota-Smith

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

Phone: (720) 876-3083

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4083

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-36631-00

6. County: WELD

7. Well Name: State Peterson

Well Number: 2C-20H

8. Location: QtrQtr: NWNW Section: 20 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 1292 feet Direction: FNL Distance: 1298 feet Direction: FWL

As Drilled Latitude: 40.388438 As Drilled Longitude: -104.465336

GPS Data:

Data of Measurement: 06/17/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 1082 feet. Direction: FNL Dist.: 751 feet. Direction: FWL

Sec: 20 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 1153 feet. Direction: FNL Dist.: 469 feet. Direction: FEL

Sec: 20 Twp: 5N Rng: 63W

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) 03/05/2013 13. Date TD: 04/04/2013 14. Date Casing Set or D&A: 04/06/2013

15. Well Classification:

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

16. Total Depth MD 11392 TVD** 6560 17 Plug Back Total Depth MD 11375 TVD** 6560

18. Elevations GR 4579 KB 4592

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

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	24			0	90			90	CALC
SURF	12+1/4	9+5/8	40	0	965	430	0	965	CALC
1ST	8+3/4	7	26	0	7,205	523	0	7,205	CBL
2ND	6+1/8	4+1/2	13.5	0	11,377	340	6,705	11,377	CALC

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	
SHARON SPRINGS	6,500		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,592		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,122		<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: Cristi L. Cota-Smith

Title: Permitting Analyst

Date: _____

Email: cristi.cota-smith@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400486866	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400486865	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"/>
400486857	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400486852	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400486870	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400489833	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)