

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:
400492715

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: Cristi Cota-Smith
Phone: (720) 876-3083
Fax: (720) 876-4083

5. API Number 05-123-36090-00
6. County: WELD
7. Well Name: IONE Well Number: 2F-2H
8. Location: QtrQtr: NENW Section: 2 Township: 2N Range: 66W Meridian: 6
Footage at surface: Distance: 510 feet Direction: FNL Distance: 1410 feet Direction: FWL
As Drilled Latitude: 40.173128 As Drilled Longitude: -104.748692

GPS Data:
Date of Measurement: 07/18/2013 PDOP Reading: 3.7 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 818 feet. Direction: FNL Dist.: 2154 feet. Direction: FWL
Sec: 2 Twp: 2N Rng: 66W
** If directional footage at Bottom Hole Dist.: 483 feet. Direction: FSL Dist.: 2142 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) 01/02/2013 13. Date TD: 01/14/2013 14. Date Casing Set or D&A: 01/18/2013

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

16. Total Depth MD 11998 TVD** 7484 17 Plug Back Total Depth MD 11981 TVD** 7484

18. Elevations GR 5046 KB 5058
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		16	84	0	94	0	0	94	CALC
SURF	12+1/4	9+5/8	40	0	1,037	425	0	1,050	CALC
1ST	8+3/4	7	26	0	8,020	640	0	4,500	CBL
2ND	6+1/8	4+1/2	13.5	0	11,985	315	7,512	11,998	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	7,222		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,310		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,877		<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 ?	
Attachment Checklist			
400492784	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400492734	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"/>
400492785	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400492733	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400492735	DIRECTIONAL DATA	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)