

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



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| DE | ET | OE | ES |
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Document Number:

400492816

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 05-123-36094-00 | 6. County: WELD |
| 7. Well Name: IONE | Well Number: 2G-2H |
| 8. Location: QtrQtr: NENW Section: 2 Township: 2N Range: 66W Meridian: 6 | |
| Footage at surface: Distance: 508 feet Direction: FNL | Distance: 1429 feet Direction: FWL |
| As Drilled Latitude: 40.173125 | As Drilled Longitude: -104.748661 |

GPS Data:

Data 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.: 689 feet. Direction: FNL Dist.: 2516 feet. Direction: FWL

Sec: 2 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 449 feet. Direction: FSL Dist.: 2526 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) 12/16/2012 | 13. Date TD: 12/29/2012 | 14. Date Casing Set or D&A: 12/31/2012 |
|---|-------------------------|--|

15. Well Classification:

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

| | |
|-------------------------------------|--|
| 16. Total Depth MD 11904 TVD** 7258 | 17 Plug Back Total Depth MD 11882 TVD** 7258 |
|-------------------------------------|--|

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|--------------------------------|--|
| 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:

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 | 16 | 84 | 0 | 90 | 0 | 0 | 90 | CALC |
| SURF | 12+1/4 | 9+5/8 | 40 | 0 | 1,035 | 350 | 0 | 1,138 | CALC |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,806 | 610 | 0 | 7,819 | CBL |
| 2ND | 6+1/8 | 4+1/2 | 13.5 | 0 | 11,885 | 310 | 7,306 | 11,904 | 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 | 7,349 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,517 | | <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> | | | | | |
| 400492852 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400493209 | 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"/> |
| 400492846 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400492841 | LAS-CBL 2ND RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400492845 | LAS-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400493213 | 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)