

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:
400485491

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 05-123-36109-00
6. County: WELD
7. Well Name: IONE Well Number: 1E-2H
8. Location: QtrQtr: NWNE Section: 2 Township: 2N Range: 66W Meridian: 6
Footage at surface: Distance: 419 feet Direction: FNL Distance: 1327 feet Direction: FEL
As Drilled Latitude: 40.173445 As Drilled Longitude: -104.739755

GPS Data:

Data of Measurement: 06/24/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 748 feet. Direction: FNL Dist.: 421 feet. Direction: FEL

Sec: 2 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 480 feet. Direction: FSL Dist.: 698 feet. Direction: FEL

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) 12/04/2012 13. Date TD: 02/12/2013 14. Date Casing Set or D&A: 02/15/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12074 TVD** 7506 17 Plug Back Total Depth MD 12052 TVD** 7506

18. Elevations GR 5078 KB 5091

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	80			80	CALC
SURF	12+1/4	9+5/8	40	0	1,047		0	1,047	CALC
1ST	8+3/4	7	26	0	8,000	580	13	8,000	CBL
2ND	6+1/8	4+1/2	13.5	0	12,054	310	7,500	12,054	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	7,175		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,246		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,510		<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			
400485501	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400485606	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"/>
400485502	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400485498	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400485607	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)