

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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Document Number:
400505367

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: <u>100185</u>	4. Contact Name: <u>Cristi Cota-Smith</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3083</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-4083</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

5. API Number <u>05-123-36900-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Zisch</u>	Well Number: <u>23-6</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>6</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>386</u> feet Direction: <u>FSL</u> Distance: <u>635</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.248285</u> As Drilled Longitude: <u>-105.052816</u>	

GPS Data:

Date of Measurement: 05/30/2013 PDOP Reading: 2.9 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 1923 feet. Direction: FSL Dist.: 1968 feet. Direction: FWL

Sec: 6 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1911 feet. Direction: FSL Dist.: 1948 feet. Direction: FWL

Sec: 6 Twp: 3N 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) 05/06/2013 13. Date TD: 05/11/2013 14. Date Casing Set or D&A: 05/12/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8342 TVD** 7899 17 Plug Back Total Depth MD 8303 TVD** 7860

18. Elevations GR 5163 KB 5176

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:

Sonic Porosity log, triple combo log, 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
SURF	12+1/4	8+5/8	24	0	881	360	0	881	CALC
1ST	7+7/8	4+1/2	11.6	0	8,332	715	3,850	8,342	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	4,289		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,441		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,715		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,172		<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>			
400505492	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400505491	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>			
400505501	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400507389	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400507390	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400507393	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400507395	PDF-CBL 1ST RUN	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)