

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:

400509361

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 05-123-36861-00  
6. County: WELD  
7. Well Name: Bohrer Trust Well Number: 21-19  
8. Location: QtrQtr: NWNW Section: 19 Township: 3N Range: 68W Meridian: 6  
Footage at surface: Distance: 190 feet Direction: FNL Distance: 595 feet Direction: FWL  
As Drilled Latitude: 40.217697 As Drilled Longitude: -105.053049

GPS Data:

Data of Measurement: 05/30/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 717 feet. Direction: FNL Dist.: 1908 feet. Direction: FWL  
Sec: 19 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 713 feet. Direction: FNL Dist.: 1891 feet. Direction: FWL  
Sec: 19 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) 04/12/2013 13. Date TD: 04/18/2013 14. Date Casing Set or D&A: 04/19/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7893 TVD\*\* 7657 17 Plug Back Total Depth MD 7848 TVD\*\* 7612

18. Elevations GR 5084 KB 5097

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:

Cement Bond Log  
High Resolution Induction, Compensated Density, Compensated Neutron  
BHC Sonic, Gamma Ray, Caliper

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	633	280	0	643	CALC
1ST	7+7/8	4+1/2	11.6	0	7,882	460	3,650	7,893	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	3,914		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,028		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,302		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,759		<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 ?	
<b>Attachment Checklist</b>			
400509409	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400509410	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"/>
<b>Other Attachments</b>			
400509380	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400509388	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400509393	PDF-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400509406	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400509408	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400509411	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)