

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:

400510704

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>05-123-36821-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>McPeek</u>	Well Number: <u>0-8-10</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>10</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>422</u> feet Direction: <u>FSL</u> Distance: <u>2455</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.146571</u> As Drilled Longitude: <u>-104.763996</u>	

GPS Data:

Date of Measurement: 11/07/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 16 feet. Direction: FSL Dist.: 49 feet. Direction: FWL

Sec: 10 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 15 feet. Direction: FSL Dist.: 33 feet. Direction: FWL

Sec: 10 Twp: 2N Rng: 66W

9. Field Name: <u>WATTENBERG</u>	10. Field Number: <u>90750</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>08/08/2013</u>	13. Date TD: <u>08/12/2013</u>	14. Date Casing Set or D&A: <u>08/13/2013</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>8643</u> TVD** <u>8070</u>	17 Plug Back Total Depth MD <u>8580</u> TVD** <u>8007</u>
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18. Elevations GR <u>4988</u> KB <u>5001</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

Cement Bond Log

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	921	360	0	931	CALC
1ST	7+7/8	4+1/2	11.6	0	8,633	660	4,560	8,643	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	5,011		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,759		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,026		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,477		<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>			
400510738	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400510737	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>			
400510729	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)