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: 400512297 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   05-123-33893-00
6. County: WELD
7. Well Name: North Rinn   Well Number: 0-4-9
8. Location: QtrQtr: SWSW   Section: 9   Township: 2N   Range: 68W   Meridian: 6
   Footage at surface: Distance: 1160 feet   Direction: FSL   Distance: 1133 feet   Direction: FWL
    As Drilled Latitude: _____   As Drilled Longitude: _____

GPS Data:
   Data of Measurement: _____   PDOP Reading: ____   GPS Instrument Operator's Name: _____

    ** If directional footage at Top of Prod. Zone   Dist.: 2550 feet. Direction: FSL   Dist.: 40 feet. Direction: FWL
      Sec: 9   Twp: 2N   Rng: 68W
    ** If directional footage at Bottom Hole   Dist.: 2555 feet. Direction: FSL   Dist.: 55 feet. Direction: FWL
      Sec: 9   Twp: 2N   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) 06/22/2013   13. Date TD: 07/23/2013   14. Date Casing Set or D&A: 07/24/2013

15. Well Classification:
   ☐ Dry   ☐ Oil   ☒ Gas/Coalbed   ☐ Disposal   ☐ Stratigraphic   ☐ Enhanced Recovery   ☐ Storage   ☐ Observation

16. Total Depth   MD 8319   TVD** 7979   17 Plug Back Total Depth   MD 8286   TVD** 7946

18. Elevations   GR 4866   KB 4879   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

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	36	16	62	0	55	0	0	55	CALC
SURF	12+1/4	8+5/8	24	0	798	320	0	808	CALC
1ST	7+7/8	4+1/2	11.6	0	8,309	670	4,100	8,319	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	4,386		☐	☐	
NIOBRARA	7,446		☐	☐	
CODELL	7,702		☐	☐	
J SAND	8,139		☐	☐	

Comment:

As-built lat/longs will be submitted on Final Form 5

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

Att Doc Num	Document Name				
400512311	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
400512308	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name				
400512301	PDF-CBL 1ST RUN	Yes	☒	No	☐
400512323	DIRECTIONAL DATA	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)