

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:

400501963

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	4. Contact Name: Kelly Hamden
2. Name of Operator: ENCANA OIL & GAS (USA) INC	Phone: (720) 876-5185
3. Address: 370 17TH ST STE 1700	Fax: (720) 876-6185
City: DENVER State: CO Zip: 80202-	

5. API Number 05-123-36778-00	6. County: WELD
7. Well Name: IONE	Well Number: 1C-10H
8. Location: QtrQtr: NWNE Section: 10 Township: 2N Range: 66W Meridian: 6	
Footage at surface: Distance: 768 feet Direction: FNL	Distance: 1352 feet Direction: FEL
As Drilled Latitude: 40.157830	As Drilled Longitude: -104.758631

GPS Data:

Data of Measurement: 10/16/2013 PDOP Reading: 3.2 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 655 feet. Direction: FNL Dist.: 1660 feet. Direction: FEL

Sec: 10 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 496 feet. Direction: FSL Dist.: 1686 feet. Direction: FEL

Sec: 10 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) 06/03/2013	13. Date TD: 06/11/2013	14. Date Casing Set or D&A: 06/13/2013
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15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 12058 TVD** 7458	17 Plug Back Total Depth MD 12043 TVD** 7443
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18. Elevations GR 4999 KB 5012	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, Gamma Ray CCL logs

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	20	16	84.0	0	96	0	0	96	CALC
SURF	12+1/4	9+5/8	40.0	0	1,013	417	0	1,023	CALC
1ST	8+3/4	7	26.0	0	7,910	620	0	7,923	CALC
2ND	6+1/8	4+1/2	13.5	0	12,045	305	7,410	12,058	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	
SHARON SPRINGS	7,202		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,289		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,704		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,850		<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: Kelly Hamden

Title: Permitting Analyst Date: _____ Email: Kelly.hamden@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400512336	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400501970	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"/>
400501967	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400501964	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400501969	LAS-CBL 2ND RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400501972	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)