

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:

400506741

Date Received:

11/12/2013

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: Kelly Hamden
Phone: (720) 876-5185
Fax: (720) 876-6185

5. API Number 05-123-36856-00
6. County: WELD
7. Well Name: State Well Number: 1C-16H
8. Location: QtrQtr: SENE Section: 16 Township: 3N Range: 68W Meridian: 6
Footage at surface: Distance: 1573 feet Direction: FNL Distance: 465 feet Direction: FEL
As Drilled Latitude: 40.228931 As Drilled Longitude: -105.000245

GPS Data:
Date of Measurement: 07/01/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 836 feet. Direction: FNL Dist.: 615 feet. Direction: FEL
Sec: 16 Twp: 3N Rng: 68W
** If directional footage at Bottom Hole Dist.: 787 feet. Direction: FNL Dist.: 520 feet. Direction: FWL
Sec: 16 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) 03/17/2013 13. Date TD: 06/13/2013 14. Date Casing Set or D&A: 06/14/2013

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

16. Total Depth MD 11868 TVD** 7260 17 Plug Back Total Depth MD 11865 TVD** 7257

18. Elevations GR 5016 KB 5040
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:
CBL .pdf

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	16	16	65.0	0	105	0	0	105	CALC
SURF	12+1/4	9+5/8	40.0	0	836	349	0	836	CALC
1ST	8+3/4	7	26.0	0	7,749	615	0	7,749	CALC
2ND	6+1/8	4+1/2	13.5	0	11,868	0	6,749	11,868	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	7,102		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,171		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,591		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,895		<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: 11/12/2013 Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400506789	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400506777	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"/>
400508748	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400506741	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400506776	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400514357	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400514360	LAS-	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)