

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:

400507907

Date Received:

11/13/2013

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 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 05-123-36975-00 6. County: WELD
7. Well Name: MATHEWS Well Number: 4A-14H
8. Location: QtrQtr: SWSE Section: 14 Township: 1N Range: 66W Meridian: 6
Footage at surface: Distance: 472 feet Direction: FSL Distance: 2000 feet Direction: FEL
As Drilled Latitude: 40.045287 As Drilled Longitude: -104.742085

GPS Data:

Data of Measurement: 10/24/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 581 feet. Direction: FSL Dist.: 2591 feet. Direction: FEL

Sec: 14 Twp: 1N Rng: 66W

** If directional footage at Bottom Hole Dist.: 476 feet. Direction: FNL Dist.: 2578 feet. Direction: FEL

Sec: 14 Twp: 1N 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) 05/04/2013 13. Date TD: 06/05/2013 14. Date Casing Set or D&A: 06/07/2013

15. Well Classification:

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

16. Total Depth MD 11970 TVD** 7441 17 Plug Back Total Depth MD 11949 TVD** 7420

18. Elevations GR 5118 KB 5131

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:

CCBL Gamma Ray Sector Bond Log .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	18	16	62.64	0	90	0	0	90	CALC
SURF	12+1/4	9+5/8	40.0	0	1,323	562	0	1,323	CALC
1ST	8+3/4	7	26.0	0	7,728	570	0	7,728	CALC
2ND	6+1/8	4+1/2	13.5	0	11,953	330	7,230	11,953	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	7,321		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,368		<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: 11/13/2013 Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400508784	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400508781	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>					
400507907	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400508782	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400517907	PDF-CBL 1ST RUN	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)