

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:

400508965

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 05-123-36838-00 6. County: WELD
7. Well Name: MATHEWS Well Number: 4E-14H
8. Location: QtrQtr: SESE Section: 14 Township: 1N Range: 66W Meridian: 6
Footage at surface: Distance: 471 feet Direction: FSL Distance: 669 feet Direction: FEL
As Drilled Latitude: 40.045284 As Drilled Longitude: -104.737338

GPS Data:

Data of Measurement: 10/24/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 649 feet. Direction: FSL Dist.: 956 feet. Direction: FEL

Sec: 14 Twp: 1N Rng: 66W

** If directional footage at Bottom Hole Dist.: 471 feet. Direction: FNL Dist.: 928 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) 06/20/2013 13. Date TD: 06/29/2013 14. Date Casing Set or D&A: 06/30/2013

15. Well Classification:

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

16. Total Depth MD 11942 TVD** 7380 17 Plug Back Total Depth MD 11918 TVD** 7356

18. Elevations GR 5104 KB 5117

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:

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 | 90 | CALC |
| SURF | 12+1/4 | 9+5/8 | 40.0 | 0 | 1,365 | 665 | 0 | 1,365 | CALC |
| 1ST | 8+3/4 | 7 | 26.0 | 0 | 7,766 | 575 | 0 | 7,896 | CALC |
| 2ND | 6+1/8 | 4+1/2 | 13.5 | 0 | 11,922 | 330 | 6,766 | 11,922 | 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 | 7,328 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,370 | | <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> | | | | | |
| 400509028 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400509022 | 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> | | | | | |
| 400508965 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400509024 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400517916 | PDF-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)