

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:
400510437

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: Cristi Cota-Smith
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3083
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4083
 City: DENVER State: CO Zip: 80202-

5. API Number 05-123-36820-00 6. County: WELD
 7. Well Name: McPeek Well Number: 2-8-10
 8. Location: QtrQtr: SESW Section: 10 Township: 2N Range: 66W Meridian: 6
 Footage at surface: Distance: 415 feet Direction: FSL Distance: 2448 feet Direction: FWL
 As Drilled Latitude: 40.146551 As Drilled Longitude: -104.764015

GPS Data:

Date of Measurement: 11/07/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 35 feet. Direction: FSL Dist.: 1270 feet. Direction: FWL

Sec: 10 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 39 feet. Direction: FSL Dist.: 1267 feet. Direction: FWL

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) 08/04/2013 13. Date TD: 08/07/2013 14. Date Casing Set or D&A: 08/08/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8218 TVD** 8060 17 Plug Back Total Depth MD 8171 TVD** 8013

18. Elevations GR 4988 KB 5001

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 Log
 High Resolution Induction, Compensated Density, Compensated Neutron

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
SURF	12+1/4	8+5/8	24	0	922	365	0	932	CALC
1ST	7+7/8	4+1/2	11.6	0	8,207	630	4,300	8,218	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	4,623		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,343		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,625		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,056		<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: Cristi L. Cota-Smith

Title: Permitting Analyst Date: 11/13/2013 Email: cristi.cota-smith@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400510491	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400510490	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>			
400510437	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400510494	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520569	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520572	PDF-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)