

FORM  
5Rev  
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:

400522670

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 &amp; 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 05-123-37270-00

6. County: WELD

7. Well Name: Devore

Well Number: 1G-34H

8. Location: QtrQtr: NENE Section: 34 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 252 feet Direction: FNL Distance: 1310 feet Direction: FEL

As Drilled Latitude: 40.188280 As Drilled Longitude: -104.758450

## GPS Data:

Data of Measurement: 01/16/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: John Rice

\*\* If directional footage at Top of Prod. Zone Dist.: 731 feet. Direction: FNL Dist.: 460 feet. Direction: FEL

Sec: 34 Twp: 3N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 460 feet. Direction: FSL Dist.: 470 feet. Direction: FEL

Sec: 34 Twp: 3N 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) 09/01/2013 13. Date TD: 09/12/2013 14. Date Casing Set or D&amp;A: 09/14/2013

## 15. Well Classification:

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

16. Total Depth MD 11999 TVD\*\* 7406 17 Plug Back Total Depth MD 11980 TVD\*\* 7387

18. Elevations GR 4961 KB 4990

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:

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	119		0	119	CALC
SURF	12+1/4	9+5/8	40.0	0	1,004	375	0	1,014	CALC
1ST	8+3/4	7	26.0	0	7,804	626	0	7,804	CALC
2ND	6+1/8	4+1/2	13.5	0	11,983	360	6,804	11,999	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well is waiting on completion; thus, the Top of the Production Zone and Bottom Hole locations are the permitted locations. In addition, Gamma Ray logs have only been run up to this point in time. Please note the CBL and remaining information will be reported on the Final Drilling Report when the well is producing.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Kelly HamdenTitle: Permitting Analyst

Date: \_\_\_\_\_

Email: Kelly.Hamden@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400522677	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400522674	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>					
400522676	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400522678	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group****Comment****Comment Date**

--	--	--

Total: 0 comment(s)