

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:

400525041

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 & 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 05-123-37428-00	6. County: WELD
7. Well Name: Maier	Well Number: 4B-28H
8. Location: QtrQtr: SWSE Section: 28 Township: 2N Range: 66W Meridian: 6	
Footage at surface: Distance: 658 feet Direction: FSL	Distance: 2293 feet Direction: FEL
As Drilled Latitude: 40.103650	As Drilled Longitude: -104.780950

GPS Data:

Data of Measurement: 01/17/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: John Rice

\*\* If directional footage at Top of Prod. Zone Dist.: 665 feet. Direction: FSL Dist.: 1778 feet. Direction: FEL

Sec: 28 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 518 feet. Direction: FNL Dist.: 1725 feet. Direction: FEL

Sec: 28 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) 08/06/2013	13. Date TD: 08/16/2013	14. Date Casing Set or D&A: 08/17/2013
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15. Well Classification:

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

16. Total Depth MD 12007 TVD** 7478	17 Plug Back Total Depth MD 11993 TVD** 7464
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18. Elevations GR 4974 KB 4987	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

CBL

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	17+1/2	16	84.0	0	93	0	0	93	CALC
SURF	12+1/4	9+5/8	40.0	0	1,148	506	0	1,158	CALC
1ST	8+3/4	7	26.0	0	7,892	627	0	7,892	CALC
2ND	6+1/8	4+1/2	13.5	0	11,997	345	6,892	12,007	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	7,180		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,242		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,785		<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: \_\_\_\_\_ Email: Kelly.Hamden@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400525105	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400525093	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>					
400525067	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400525094	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)