

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:

400525214

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 05-123-37430-00	6. County: WELD
7. Well Name: Maier	Well Number: 4D-28H
8. Location: QtrQtr: SESE Section: 28 Township: 2N Range: 66W Meridian: 6	
Footage at surface: Distance: 493 feet Direction: FSL	Distance: 487 feet Direction: FEL
As Drilled Latitude: 40.103231	As Drilled Longitude: -104.774519

GPS Data:

Data of Measurement: 11/18/2013 PDOP Reading: 2.5 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 731 feet. Direction: FSL Dist.: 779 feet. Direction: FEL

Sec: 28 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 509 feet. Direction: FNL Dist.: 709 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) 09/14/2013	13. Date TD: 09/25/2013	14. Date Casing Set or D&A: 09/28/2013
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15. Well Classification:

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

16. Total Depth MD 11977 TVD** 7491	17 Plug Back Total Depth MD 11963 TVD** 7477
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18. Elevations GR 4975 KB 4988	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, Gamma Ray

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	16	16	65.0	0	97	378	0	97	CALC
SURF	12+1/4	9+5/8	40.0	0	1,082	550	0	1,091	CALC
1ST	8+3/4	7	26.0	0	7,920	655	0	7,920	CALC
2ND	6+1/8	4+1/2	13.5	0	11,967	335	7,800	11,967	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	7,185		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,252		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,783		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,819		<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>					
400525235	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400525220	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>					
400525216	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400525217	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400525219	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400525221	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)