

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



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Document Number:

400536113

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: JENNIFER LIND

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5890

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6890

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-37437-00

6. County: WELD

7. Well Name: Marcus State

Well Number: 3E-36H (M266)

8. Location: QtrQtr: SWSW Section: 36 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 317 feet Direction: FSL Distance: 1354 feet Direction: FWL

As Drilled Latitude: 40.088285 As Drilled Longitude: -104.729957

GPS Data:

Data of Measurement: 01/03/2014 PDOP Reading: 3.5 GPS Instrument Operator's Name: S. DOWNEY

** If directional footage at Top of Prod. Zone Dist.: 500 feet. Direction: FSL Dist.: 1912 feet. Direction: FWL

Sec: 36 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 453 feet. Direction: FNL Dist.: 1969 feet. Direction: FWL

Sec: 36 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) 08/02/2013 13. Date TD: 09/24/2013 14. Date Casing Set or D&A: 09/26/2013

15. Well Classification:

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

16. Total Depth MD 12101 TVD** 7474 17 Plug Back Total Depth MD 12078 TVD** 7451

18. Elevations GR 5039 KB 5052

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:

CBL, MWD

Open hole logs were run on the Marcus State #1 (API 05-123-07334-00), W/2-Sec.36-T2N-R66W, which satisfies the COGCC request of open hole log data.

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	24	16	85.0	0	90	432	0	90	CALC
SURF	12+1/4	9+5/8	40	0	1,230	319	0	1,230	CALC
1ST	8+3/4	7	26	0	7,717	428	0	7,734	CALC
2ND	6+1/8	4+1/2	13.5	0	12,081	360	7,734	12,101	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	7,142		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,182		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,656		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,740		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The BHL at TD for this well is 453' FNL of Section 36, which violates the requirement of 460' from the spacing unit boundary. Encana requests that the following be evaluated as our justification for maintaining compliance since all hardware and frac treatments on the proper side of 460' hard line:

- TD was past the 460' hard line and was left as open hole (ie, no plug back)
- Shoe / Toe Valve / Casing were NOT set past the 460' set back line (cemented / PNP)
- Started frac treatments at stg 1 through the toe valve
- Clean out was to the toe valve

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

Signed: _____

Print Name: JENNIFER LIND

Title: REGULATORY ANALYST

Date: _____

Email: JENNIFER.LIND@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400536491	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400536159	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400536162	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400536486	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400536487	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400536488	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)