

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



DE ET OE ES

Document Number:  
400540009

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  
2. Name of Operator: ENCANA OIL & GAS (USA) INC  
3. Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-  
4. Contact Name: Kelly Hamden  
Phone: (720) 876-5185  
Fax: (720) 876-6185

5. API Number 05-123-37439-00  
6. County: WELD  
7. Well Name: Marcus State Well Number: 3D-36H (M266)  
8. Location: QtrQtr: SWSW Section: 36 Township: 2N Range: 66W Meridian: 6  
Footage at surface: Distance: 317 feet Direction: FSL Distance: 1344 feet Direction: FWL  
As Drilled Latitude: 40.088276 As Drilled Longitude: -104.730032

GPS Data:  
Date of Measurement: 01/03/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: Scott Downey

\*\* If directional footage at Top of Prod. Zone Dist.: 588 feet. Direction: FSL Dist.: 1587 feet. Direction: FWL  
Sec: 36 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 474 feet. Direction: FNL Dist.: 1583 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) 08/03/2013 13. Date TD: 09/15/2013 14. Date Casing Set or D&A: 09/16/2013

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11900 TVD\*\* 7319 17 Plug Back Total Depth MD 11822 TVD\*\* 7241

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, Gamma/MWD

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             | 84.0  | 0             | 90            | 432       | 0       | 90      | CALC   |
| SURF        | 12+1/4       | 9+5/8          | 40.0  | 0             | 1,221         | 385       | 0       | 1,221   | CALC   |
| 1ST         | 8+3/4        | 7              | 26.0  | 0             | 7,624         | 595       | 0       | 7,624   | CALC   |
| 2ND         | 6+1/8        | 4+1/2          | 13.5  | 0             | 11,886        | 305       | 6,624   | 11,900  | 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 | 7,182          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,239          |        | <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> |  |   |  |
| 400540077                   | CMT Summary *                          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis                          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400540074                   | 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>    |  |   |  |
| 400540023                   | PDF-CBL 1ST RUN                        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400540030                   | LAS-CBL 1ST RUN                        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400540064                   | PDF-Measurement/Logging While Drilling | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400540068                   | PDF-Measurement/Logging While Drilling | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400540071                   | PDF-Measurement/Logging While Drilling | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400540073                   | LAS-Measurement/Logging While Drilling | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400540075                   | DIRECTIONAL DATA                       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

## General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)