

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:

400562000

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:

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-37232-00

6. County: WELD

7. Well Name: Devore

Well Number: 1H-34H

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

Footage at surface: Distance: 252 feet Direction: FNL Distance: 1298 feet Direction: FEL

As Drilled Latitude: 40.188236 As Drilled Longitude: -104.758413

GPS Data:

Date of Measurement: 03/04/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: DOWNEY

** If directional footage at Top of Prod. Zone Dist.: 637 feet. Direction: FNL Dist.: 118 feet. Direction: FEL

Sec: 34 Twp: 3N Rng: 66W

** If directional footage at Bottom Hole Dist.: 453 feet. Direction: FSL Dist.: 143 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) 08/16/2013 13. Date TD: 09/01/2013 14. Date Casing Set or D&A: 08/31/2013

15. Well Classification:

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

16. Total Depth MD 11829 TVD** 7180 17 Plug Back Total Depth MD 11805 TVD** 7156

18. Elevations GR 4991 KB 4962

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 (GAMMA)

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	65	0	112	432	0	112	CALC
SURF	12+1/4	9+5/8	40	0	1,001	350	0	1,010	CALC
1ST	8+3/4	7	26	0	7,636	600	0	7,651	CALC
2ND	6+1/8	4+1/2	13.5	0	11,809	345	6,636	11,829	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	
SUSSEX	4,446		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,092		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,250		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,390		<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: JENNIFER LIND

Title: REGULATORY ANALYST Date: _____ Email: JENNIFER.LIND@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400565683	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400565321	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>					
400565176	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400565177	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400565179	LAS-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400565339	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400565801	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)