

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:
400573258

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: Bonnie Lamond
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5156
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-123-07156-00 6. County: WELD
 7. Well Name: DUELL Well Number: 1
 8. Location: QtrQtr: NENE Section: 8 Township: 4N Range: 63W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FEL
 As Drilled Latitude: 40.332097 As Drilled Longitude: -104.458320

GPS Data:

Date of Measurement: 05/17/2010 PDOP Reading: 2.6 GPS Instrument Operator's Name: PLINDERH

** If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FNL Dist.: 660 feet. Direction: FEL

Sec: 8 Twp: 4N Rng: 63W

** If directional footage at Bottom Hole Dist.: 660 feet. Direction: FNL Dist.: 660 feet. Direction: FEL

Sec: 8 Twp: 4N Rng: 63W

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) 03/12/1970 13. Date TD: 03/23/1970 14. Date Casing Set or D&A: 03/24/1970

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7216 TVD** 7216 17 Plug Back Total Depth MD 7179 TVD** 7179

18. Elevations GR 4693 KB 4706

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

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
SURF		8+5/8	28	0	143	94	0	143	CALC
1ST		4+1/2	11.6	0	7,215	200	0	7,215	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/15/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	SURF	1,000	225	90	1,030

Details of work:

2/15/2014: Un-landed the 4-1/2" production casing. RIH with 1-1/4" tubing down the 4-1/2" by 8-5/8" annulus. Pumped 225 sxs Class G 15.8# cement at 1000'. Tagged cement plug at approximately 90'. Re-landed 4-1/2" casing. Ran CBL, the continuous cement column in the 4-1/2" by 8-5/8" annulus is from approximately 1030' to 90'. Tubing was set @ 7098' with 225 jts.

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	4,127		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,386		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,649		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,099		<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: Bonnie Lamond

Title: Permitting Analyst Date: _____ Email: bonnie.lamond@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400573290	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"/>
Other Attachments			
400573283	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400573296	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)