

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



DE ET OE ES

Document Number:

400509552

Date Received:

11/12/2013

## 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: Cristi Cota-Smith

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

Phone: (720) 876-3083

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4083

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-36860-00

6. County: WELD

7. Well Name: Boyd

Well Number: 3-19

8. Location: QtrQtr: SESW Section: 19 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 1163 feet Direction: FSL Distance: 1406 feet Direction: FWL

As Drilled Latitude: 40.206883 As Drilled Longitude: -105.050123

## GPS Data:

Date of Measurement: 05/30/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 1033 feet. Direction: FSL Dist.: 1340 feet. Direction: FWL

Sec: 19 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 1015 feet. Direction: FSL Dist.: 1239 feet. Direction: FWL

Sec: 19 Twp: 3N Rng: 68W

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) 04/12/2013 13. Date TD: 05/04/2013 14. Date Casing Set or D&amp;A: 05/05/2013

## 15. Well Classification:

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

16. Total Depth MD 7637 TVD\*\* 7625 17 Plug Back Total Depth MD 7592 TVD\*\* 7580

18. Elevations GR 5019 KB 5032

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:

Cement Bond Log, V.D.L. Gamma-Ray & C.C.L  
High Resolution Induction, Compensated Density, Compensated Neutron  
BHC Sonic, Gamma Ray, Caliper

## 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	12+1/4	8+5/8	24	0	633	245	0	633	CALC
1ST	7+7/8	4+1/2	11.6	0	7,614	690	2,202	7,614	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	3,671		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,754		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,016		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,039		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,479		<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: Cristi L. Cota-SmithTitle: Permitting AnalystDate: 11/12/2013Email: cristi.cota-smith@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400509649	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400509653	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>					
400509552	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509560	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509586	LAS-IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509594	LAS-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509618	PDF-IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509634	PDF-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400509654	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added Tops.	2/7/2014 10:40:47 AM
Permit	ON HOLD: Requesting tops for additional shallow formations.	12/30/2013 1:32:21 PM

Total: 2 comment(s)