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Document Number:
400580563

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 05-123-21028-00 6. County: WELD
 7. Well Name: GRENEMEYER Well Number: CD26-A
 8. Location: QtrQtr: SESW Section: 26 Township: 1N Range: 67W Meridian: 6
 Footage at surface: Distance: 1168 feet Direction: FSL Distance: 1400 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

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) 07/02/2002 13. Date TD: 07/23/2002 14. Date Casing Set or D&A: 08/02/2002

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

16. Total Depth MD 8355 TVD** _____ 17 Plug Back Total Depth MD 8301 TVD** _____

18. Elevations GR 5034 KB 5050 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:

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	1,077	400	0	1,077	CALC
1ST	7+7/8	4+1/2	11.6	0	8,349	280	6,900	8,349	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/20/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,220	500	70	2,220

Details of work:

03/20/2014: 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 500 sxs Class G Neat cement at 2220'. 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 2220' to 70'.

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	4,780		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,329		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,732		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,754		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,776		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,803		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	8,030		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	8,180		<input type="checkbox"/>	<input type="checkbox"/>	
J-2 SAND	8,202		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	8,294		<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			
400580585	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			
400580583	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400580584	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)