

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:
400612448

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: Erin Lind
Phone: (720) 876-5827
Fax:

5. API Number 05-123-37512-00
6. County: WELD
7. Well Name: State Well Number: 3D-16H
8. Location: QtrQtr: NWSW Section: 16 Township: 3N Range: 68W Meridian: 6
Footage at surface: Distance: 1330 feet Direction: FSL Distance: 278 feet Direction: FWL
As Drilled Latitude: 40.222185 As Drilled Longitude: -105.016320

GPS Data:
Date of Measurement: 05/09/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: SCOTT DOWNEY

** If directional footage at Top of Prod. Zone Dist.: 1476 feet. Direction: FSL Dist.: 586 feet. Direction: FWL
Sec: 16 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1425 feet. Direction: FSL Dist.: 484 feet. Direction: FWL
Sec: 16 Twp: 3N Rng: 68W

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: 1392.11

12. Spud Date: (when the 1st bit hit the dirt) 10/20/2013 13. Date TD: 12/06/2013 14. Date Casing Set or D&A: 12/07/2013

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

16. Total Depth MD 11620 TVD** 7258 17 Plug Back Total Depth MD 11605 TVD** 7243

18. Elevations GR 5059 KB 5083
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:
MWD and CBL. Open hole logs were run on the State 23-16, 05-123-36806, which satisfies the COGCC request of open hole log data in a quarter-quarter section where none previously existed.

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	30	16	65	0	108	432	0	108	CALC
SURF	12+1/4	9+5/8	40	0	908	345	0	920	CALC
1ST	8+3/4	7	26	0	7,424	633	0	7,440	CALC
2ND	6+1/8	4+1/2	13.5	7440	11,608	345	6,423	11,620	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	
NIOBRARA		7,127	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON		4,479	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS		6,891	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX		3,984	<input type="checkbox"/>	<input type="checkbox"/>	
TEEPER BUTTES		6,084	<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: Erin Lind _____

Title: Regulatory Analyst Date: _____ Email: erin.lind@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400612520	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400612515	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>			
400612508	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400612512	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400612513	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400612519	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400612893	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)