

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



DE ET OE ES

Document Number:

400611674

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 05-123-37510-00
6. County: WELD
7. Well Name: State Well Number: 3A-16H
8. Location: QtrQtr: NWSW Section: 16 Township: 3N Range: 68W Meridian: 6
Footage at surface: Distance: 1360 feet Direction: FSL Distance: 278 feet Direction: FWL
As Drilled Latitude: 40.222268 As Drilled Longitude: -105.016323

GPS Data:

Data of Measurement: 05/09/2014 PDOP Reading: 3.1 GPS Instrument Operator's Name: SCOTT DOWNEY

** If directional footage at Top of Prod. Zone Dist.: 2514 feet. Direction: FSL Dist.: 614 feet. Direction: FWL
Sec: 16 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2441 feet. Direction: FSL Dist.: 461 feet. Direction: FEL
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) 10/23/2013 13. Date TD: 11/02/2013 14. Date Casing Set or D&A: 11/04/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11890 TVD** 7378 17 Plug Back Total Depth MD 11873 TVD** 7362

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 | 873 | 340 | 0 | 890 | CALC |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,712 | 650 | 0 | 7,727 | CALC |
| 2ND | 6+1/8 | 4+1/2 | 13.5 | 7727 | 11,890 | 345 | 7,727 | 11,890 | 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 | |
| CODELL | | 7,260 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | | 7,142 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | | 4,479 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | | 6,918 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | | 3,984 | <input type="checkbox"/> | <input type="checkbox"/> | |
| TEEPEE 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 ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400611689 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400611686 | 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"/> |
| Other Attachments | | | |
| 400611682 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400611687 | PLAT | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400611690 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400617066 | PDF- | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400617067 | PDF- | 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)