

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:

400632280

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: Erin Lind

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

Phone: (720) 876-5827

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-37788-00

6. County: WELD

7. Well Name: Lochbuie

Well Number: 2G-31H D165

8. Location: QtrQtr: NWNW Section: 31 Township: 1N Range: 65W Meridian: 6

Footage at surface: Distance: 350 feet Direction: FNL Distance: 1166 feet Direction: FWL

As Drilled Latitude: 40.014078 As Drilled Longitude: -104.711987

GPS Data:

Data of Measurement: 06/06/2014 PDOP Reading: 2.7 GPS Instrument Operator's Name: S DOWNEY

** If directional footage at Top of Prod. Zone Dist.: 469 feet. Direction: FNL Dist.: 2315 feet. Direction: FWL

Sec: 31 Twp: 1N Rng: 65W

** If directional footage at Bottom Hole Dist.: 502 feet. Direction: FSL Dist.: 2366 feet. Direction: FWL

Sec: 31 Twp: 1N Rng: 65W

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) 02/02/2014 13. Date TD: 02/12/2014 14. Date Casing Set or D&A: 02/13/2014

15. Well Classification:

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

16. Total Depth MD 12011 TVD** 7303 17 Plug Back Total Depth MD 11973 TVD** 7265

18. Elevations GR 5007 KB 5037

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:

Open hole logs were run on the Lochbuie 1 (05-123-18761), NWNW Section 31-T1N-R65W, 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	114	432	0	114	CALC
SURF	12+1/4	9+5/8	40	0	1,503	453	0	1,512	CALC
1ST	8+3/4	7	26	0	7,683	675	0	7,693	CALC
2ND	6+1/8	4+1/2	13.5	7693	12,001	355	6,917	12,011	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		7,588	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS		7,234	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX		4,670	<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES		6,000	<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>					
400632293	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400632292	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>					
400632286	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400632289	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400632290	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400632296	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400632297	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)