

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:
400632308

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 05-123-38169-00 6. County: WELD
 7. Well Name: Lochbuie Well Number: 2H-31H D165
 8. Location: QtrQtr: NWNW Section: 31 Township: 1N Range: 65W Meridian: 6
 Footage at surface: Distance: 350 feet Direction: FNL Distance: 1176 feet Direction: FWL
 As Drilled Latitude: 40.014081 As Drilled Longitude: -104.711954

GPS Data:
Data of Measurement: 06/06/2014 PDOP Reading: 5.8 GPS Instrument Operator's Name: S DOWNEY

** If directional footage at Top of Prod. Zone Dist.: 554 feet. Direction: FNL Dist.: 2552 feet. Direction: FEL
Sec: 31 Twp: 1N Rng: 65W

** If directional footage at Bottom Hole Dist.: 498 feet. Direction: FSL Dist.: 2541 feet. Direction: FEL
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) 02/15/2014 13. Date TD: 02/24/2014 14. Date Casing Set or D&A: 02/26/2014

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

16. Total Depth MD 12290 TVD** 7480 17 Plug Back Total Depth MD 12233 TVD** 7423

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	1,508	453	0	1,515	CALC
1ST	8+3/4	7	26	0	8,036	697	0	8,046	CALC
2ND	6+1/8	4+1/2	13.5	8046	12,280	364	7,936	12,290	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		7,901	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA		7,862	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS		7,311	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX		4,687	<input type="checkbox"/>	<input type="checkbox"/>	
TEEPER BUTTES		6,017	<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>			
400632318	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400632317	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>			
400632310	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632314	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632316	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632319	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632320	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)