

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:

400645658

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 05-123-37307-00 6. County: WELD
7. Well Name: Peppler Farms Well Number: 1F-4H
8. Location: QtrQtr: SENE Section: 4 Township: 3N Range: 68W Meridian: 6
Footage at surface: Distance: 1635 feet Direction: FNL Distance: 303 feet Direction: FEL
As Drilled Latitude: 40.258034 As Drilled Longitude: -104.999808

GPS Data:

Data of Measurement: 07/10/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: S DOWNEY

** If directional footage at Top of Prod. Zone Dist.: 1857 feet. Direction: FNL Dist.: 488 feet. Direction: FEL

Sec: 4 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1902 feet. Direction: FNL Dist.: 511 feet. Direction: FWL

Sec: 4 Twp: 3N Rng: 68W

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) 12/28/2013 13. Date TD: 01/07/2014 14. Date Casing Set or D&A: 01/09/2014

15. Well Classification:

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

16. Total Depth MD 11959 TVD** 7400 17 Plug Back Total Depth MD 11940 TVD** 7381

18. Elevations GR 5057 KB 5085

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 Peppler Farms 1D-4H, 05-123-37306, SENE Section 4, T3N, R68W, which satisfies the COGCC request of open hole log data in an area 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	112	432	0	112	CALC
SURF	12+1/4	9+5/8	40	0	873	357	0	883	CALC
1ST	8+3/4	7	26	0	7,612	645	0	7,625	CALC
2ND	6+1/8	4+1/2	13.5	7625	11,944	355	6,612	11,959	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		7,625	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA		7,542	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON		4,637	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS		7,095	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX		4,363	<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES		6,082	<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>					
400645690	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400645688	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>					
400645667	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400645675	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400645676	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400645678	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400645692	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)