

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:
400664157

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: Bonnie Lamond
Phone: (720) 876-5156
Fax:

5. API Number 05-123-37663-00
6. County: WELD
7. Well Name: Frederiksen Well Number: 1A-28H-A368
8. Location: QtrQtr: NENE Section: 28 Township: 3N Range: 68W Meridian: 6
Footage at surface: Distance: 753 feet Direction: FNL Distance: 267 feet Direction: FEL
As Drilled Latitude: 40.202063 As Drilled Longitude: -104.999350

GPS Data:
Date of Measurement: 08/22/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: S. Downey

** If directional footage at Top of Prod. Zone Dist.: 69 feet. Direction: FNL Dist.: 807 feet. Direction: FEL
Sec: 28 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 14 feet. Direction: FNL Dist.: 488 feet. Direction: FWL
Sec: 28 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) 03/01/2014 13. Date TD: 04/28/2014 14. Date Casing Set or D&A: 04/30/2014

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

16. Total Depth MD 11580 TVD** 6952 17 Plug Back Total Depth MD 11485 TVD** 6952

18. Elevations GR 4992 KB 5005
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 Frederiksen 1C-28H-A368, API#05-123-37661, NENE-Sec.28-T3N-R68W

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	97	432	19	97	CALC
SURF	12+1/4	9+5/8	40	0	841	290	15	841	CALC
1ST	8+3/4	7	26	0	7,585	638	15	7,585	CALC
2ND	6+1/8	4+1/2	13.5	7585	11,564	360	6,585	11,564	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	
SUSSEX	4,021		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,550		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,571		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,107		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,251		<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: Bonnie Lamond

Title: Regulatory Analyst

Date: _____

Email: bonnie.lamond@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400684020	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400684026	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			
400684019	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400684025	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400684057	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400684182	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400686126	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400686158	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400686165	LAS-MEASUREMENT/LOGGING WHILE DRILLING	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)