

FORM
5Rev
09/14

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:

400686900

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

OGCC Operator Number: 100185

Contact Name: Bonnie Lamond

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

Phone: (720) 876-5156

Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

API Number 05-123-37662-00

County: WELD

Well Name: Frederiksen

Well Number: 1F-28H-A368

Location: QtrQtr: NENE Section: 28 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 803 feet Direction: FNL Distance: 268 feet Direction: FEL

As Drilled Latitude: 40.201916 As Drilled Longitude: -104.999535

GPS Data:

Date of Measurement: 08/22/2014 PDOP Reading: 2.7 GPS Instrument Operator's Name: S Downey

** If directional footage at Top of Prod. Zone Dist.: 1811 feet. Direction: FNL Dist.: 613 feet. Direction: FEL

Sec: 28 Twp: 3N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1750 feet. Direction: FNL Dist.: 473 feet. Direction: FWL

Sec: 28 Twp: 3N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/05/2014 Date TD: 03/13/2014 Date Casing Set or D&A: 03/10/2014

Rig Release Date: 03/14/2014 *for Multi-Well Location ONLY

Well Classification:

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

Total Depth MD 11900 TVD** 7071 Plug Back Total Depth MD 11777 TVD** 6430

Elevations GR 4991 KB 5004 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

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	0	97	
SURF	12+1/4	9+5/8	40	0	855	599	97	865	
1ST	8+3/4	7	26	0	7,686	617	865	7,686	
2ND	6+1/8	4+1/2	13.5	7686	11,835	350	7,705	11,835	

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: _____

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,021				
SHANNON	4,550				
TEEPEE BUTTES	5,571				
SHARON SPRINGS	7,048				
NIOBRARA	7,125				
CODELL	7,637				

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 LamondTitle: Regulatory Analyst Date: _____ Email: bonnie.lamond@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400691084	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400691082	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>					
400686906	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400691064	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400691066	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400691068	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400691086	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400691088	WELLBORE DIAGRAM	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)