

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



DE ET OE ES

Document Number:

400690256

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 &amp; GAS (USA) INC

Phone: (720) 876-5156

Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

API Number 05-123-37668-00

County: WELD

Well Name: Frederiksen

Well Number: 1C-28H-H368

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

Footage at surface: Distance: 2270 feet Direction: FNL Distance: 255 feet Direction: FEL

As Drilled Latitude: 40.197923 As Drilled Longitude: -104.999265

## GPS Data:

Date of Measurement: 08/22/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: S Downey

\*\* If directional footage at Top of Prod. Zone Dist.: 2366 feet. Direction: FSL Dist.: 805 feet. Direction: FEL

Sec: 28 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2393 feet. Direction: FSL Dist.: 491 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) 06/02/2014 Date TD: 06/10/2014 Date Casing Set or D&amp;A: 06/08/2014

Rig Release Date: \*for Multi-Well Location ONLY

## Well Classification:

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

Total Depth MD 11721 TVD\*\* 7082 Plug Back Total Depth MD 11673 TVD\*\* 7085

Elevations GR 4975 KB 4988 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	42	0	93	114	0	93	
SURF	12+1/4	8+5/8	40	0	843	272	0	843	
1ST	8+3/4	7	26	0	7,716	640	0	7,716	
2ND	6+1/8	4+1/2	13.5	7716	11,705	330	7,716	11,705	

## 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	6,953				
NIOBRARA	7,062				
CODELL	7,858				

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>					
400690389	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400690392	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>					
400690382	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400690386	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400690390	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400690391	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)