

FORM
5

Rev
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:
400691096

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 05-123-37667-00 County: WELD
 Well Name: Frederiksen Well Number: 1B-28H-H368
 Location: QtrQtr: SENE Section: 28 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 2260 feet Direction: FNL Distance: 255 feet Direction: FEL
 As Drilled Latitude: 40.197904 As Drilled Longitude: -104.999275

GPS Data:
 Date of Measurement: 08/24/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: S Downey

** If directional footage at Top of Prod. Zone Dist.: 2646 feet. Direction: FNL Dist.: 774 feet. Direction: FEL

Sec: 28 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2590 feet. Direction: FNL 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) 05/18/2014 Date TD: 05/31/2014 Date Casing Set or D&A: 05/27/2014

Rig Release Date: 07/20/2014 *for Multi-Well Location ONLY

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

Total Depth MD 11509 TVD** 6878 Plug Back Total Depth MD 11475 TVD** 6880

Elevations GR 4975 KB 4988 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
 Logs were not run on this well as stated in the open hole logging omission request on APD.

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	9+5/8	40	0	858	290	0	858	
1ST	8+3/4	7	26	0	7,474	625	858	7,474	
2ND	6+1/8	4+1/2	13.5	7474	11,489	326	7,474	11,489	

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				
TEEPÉE BUTTES	5,571				
SHARON SPRINGS	7,023				
NIOBRARA	7,207				

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 ?	
<u>Attachment Checklist</u>			
400696821	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400691270	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>			
400691139	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691269	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691273	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400691274	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400696820	PDF-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)