

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:
400708826

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: Chris McRickard
Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5586
Address: 370 17TH ST STE 1700 Fax: (720) 876-6584
City: DENVER State: CO Zip: 80202-

API Number 05-123-25452-00 County: WELD
Well Name: KENNEDY Well Number: 41-21
Location: QtrQtr: NENE Section: 21 Township: 2N Range: 68W Meridian: 6
Footage at surface: Distance: 852 feet Direction: FNL Distance: 478 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

Field Name: SPINDLE Field Number: 77900
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/02/2014 Date TD: Date Casing Set or D&A: 02/28/2008
Rig Release Date: 02/28/2008 Per Rule 308A.b.

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

Total Depth MD 8100 TVD** Plug Back Total Depth MD 8034 TVD**

Elevations GR 4887 KB 4902 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	638	350	0	638	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	2ND		12	6,428	6,520

Details of work:

Post-Job Summary (8/25 – 8/30/2014:

TOOH w/tbg. Set CIBP @ 7170'. Pressure test to 500 psi. Shoot squeeze holes @ 7120'. Set CICR @ 7080. Sting in; unable to pump in squeeze holes @ 7120'. Pressure test again to 500 psi and shoot squeeze holes @ 6500'. Stung into CICR. Pressured up. TOOH. Drilled up CICR. Tagged up to CIBP. TOOH.

Ran CBL. Shoot squeeze holes @ 7035'. Set CIBP @ 6985'. Sting into CR. Could not establish circulation. Pressured up again. Dumped 12 sx Class G cmt from 6520 -6400, 20' below squeeze and 100' above. TIG w/tbg and land @ 6322'.

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	
NIOBRARA	7,246	7,268			
CODELL	7,468	7,488			
J SAND	7,897	8,100			

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Chris McRickard

Title: Regulatory Analyst

Date: _____

Email: chris.mcrickard@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400708947	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400708951	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400708942	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400708950	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400708953	OPERATIONS SUMMARY	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)