

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



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Document Number:
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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 05-123-37797-00 County: WELD
Well Name: Boyd Well Number: 3F-19H-M368
Location: QtrQtr: SWSW Section: 19 Township: 3N Range: 68W Meridian: 6
Footage at surface: Distance: 1019 feet Direction: FSL Distance: 612 feet Direction: FWL
As Drilled Latitude: 40.206461 As Drilled Longitude: -105.052990

GPS Data:

Date of Measurement: 10/24/2014 PDOP Reading: 5.6 GPS Instrument Operator's Name: Scott Downey

** If directional footage at Top of Prod. Zone Dist.: 601 feet. Direction: FSL Dist.: 737 feet. Direction: FWL

Sec: 19 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 560 feet. Direction: FSL Dist.: 491 feet. Direction: FEL

Sec: 19 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) 06/18/2014 Date TD: 07/05/2014 Date Casing Set or D&A: 07/06/2014

Rig Release Date: 08/12/2014 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11399 TVD** 7048 Plug Back Total Depth MD 11331 TVD** 7051

Elevations GR 5005 KB 5018 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

Open-hole logs for this pad were run on the Boyd 3C-19H-M368 well.

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
CONDUCTOR	30	16	42	0	93	114	0	93	
SURF	12+1/4	9+5/8	40	0	854	290	0	854	
1ST	8+3/4	7	26	0	7,379	625	0	7,379	
2ND	6+1/8	4+1/2	13.5	0	11,399	335	6,379	11,399	

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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FOX HILLS BASE	217				
SUSSEX	3,690				
SHANNON	4,180				
TEEPEE BUTTES	5,703				
SHARON SPRINGS	6,564				
NIOBRARA	6,655				
FORT HAYS	6,927				
CODELL	7,022				

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			
400726484	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400726488	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			
400726470	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726471	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726472	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726480	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726491	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)