

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:
400720819

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: Erin Lind
Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5827
Address: 370 17TH ST STE 1700 Fax: _____
City: DENVER State: CO Zip: 80202-

API Number 05-123-39219-00 County: WELD
Well Name: Mumby State Well Number: 4C-36H P266
Location: QtrQtr: SESE Section: 36 Township: 2N Range: 66W Meridian: 6
Footage at surface: Distance: 1235 feet Direction: FSL Distance: 1013 feet Direction: FEL
As Drilled Latitude: 40.090826 As Drilled Longitude: -104.719623

GPS Data:
Date of Measurement: 10/22/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: CHRIS

** If directional footage at Top of Prod. Zone Dist.: 1235 feet. Direction: FSL Dist.: 1013 feet. Direction: FEL
Sec: 36 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 496 feet. Direction: FNL Dist.: 1854 feet. Direction: FEL
Sec: 36 Twp: 2N Rng: 66W

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 70/8354-S

Spud Date: (when the 1st bit hit the dirt) 06/14/2014 Date TD: 07/14/2014 Date Casing Set or D&A: 07/16/2014
Rig Release Date: 08/31/2014 Per Rule 308A.b.

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

Total Depth MD 12080 TVD** 7490 Plug Back Total Depth MD 12040 TVD** 7490

Elevations GR 5019 KB 5049 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD. Open hole logs were run on the Mumby State 4F-36H P266, which satisfies the COGCC request of open hole log data in a quarter-quarter section where none previously existed.

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	110	114	0	110	CALC
SURF	12+1/4	9+5/8	40	0	1,123	451	0	1,133	CALC
1ST	8+3/4	7	26	0	7,581	633	0	7,590	CALC
2ND	6+1/8	4+1/2	13.5	0	12,069	430	5,581	12,080	CBL

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	
SUSSEX	4,535				
SHANNON	4,835				
TEEPEE BUTTES	6,631				
SHARON SPRINGS	7,254				
NIOBRARA	7,296				
CODELL	7,755				

Comment:

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

Signed: _____

Print Name: Erin Lind

Title: Regulatory Analyst

Date: _____

Email: erin.lind@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400720905	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400720908	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			
400720896	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400720910	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400739261	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400739285	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400739290	LAS-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)