

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



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Document Number:

400721158

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 &amp; GAS (USA) INC

Phone: (720) 876-5827

Address: 370 17TH ST STE 1700

Fax:

City: DENVER

State: CO

Zip: 80202-

API Number 05-123-39217-00

County: WELD

Well Name: Mumby State

Well Number: 4F-36H P266

Location: QtrQtr: SESE Section: 36 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1234 feet Direction: FSL Distance: 983 feet Direction: FEL

As Drilled Latitude: 40.090826 As Drilled Longitude: -104.719516

## 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.: 1234 feet. Direction: FSL Dist.: 983 feet. Direction: FEL

Sec: 36 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 495 feet. Direction: FNL Dist.: 759 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) 06/12/2014 Date TD: 08/12/2014 Date Casing Set or D&amp;A: 08/14/2014

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 11819 TVD\*\* 7246 Plug Back Total Depth MD 11759 TVD\*\* 7246

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

## List Electric Logs Run:

CBL, OHL

## 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	114	CALC
SURF	12+1/4	9+5/8	40	0	1,108	439	0	1,118	CALC
1ST	8+3/4	7	26	0	7,611	604	0	7,623	CALC
2ND	6+1/8	4+1/2	13.5	0	11,809	410	7,411	11,819	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	4,530				
SHANNON	4,830				
TEEPEE BUTTES	6,626				
SHARON SPRINGS	7,293				
NIOBRARA	7,359				

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 ?			
<u>Attachment Checklist</u>					
400722699	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400721185	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>					
400721175	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400721182	LAS-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400721187	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400739688	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)