

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



DE ET OE ES

Document Number:

400740626

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 05-123-38092-00

County: WELD

Well Name: Grant Hurt

Well Number: 1E-14H G268

Location: QtrQtr: SWNE Section: 14 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 2449 feet Direction: FNL Distance: 1559 feet Direction: FEL

As Drilled Latitude: 40.139284 As Drilled Longitude: -104.966592

GPS Data:

Date of Measurement: 12/04/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: CHRIS

** If directional footage at Top of Prod. Zone Dist.: 1756 feet. Direction: FNL Dist.: 1225 feet. Direction: FEL

Sec: 14 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 548 feet. Direction: FNL Dist.: 1216 feet. Direction: FEL

Sec: 11 Twp: 2N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/19/2014 Date TD: 09/03/2014 Date Casing Set or D&A: 09/04/2014

Rig Release Date: 10/04/2014 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 14425 TVD** 7416 Plug Back Total Depth MD 14352 TVD** 7416

Elevations GR 4888 KB 4918 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD. Open hole logs were run on the Grant Hurt 1G-14H.

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	65	0	117	180	0	117	CALC
SURF	12+1/4	9+5/8	40	0	860	338	0	880	CALC
1ST	8+3/4	7	26	0	7,899	694	0	7,920	CALC
2ND	6+1/8	4+1/2	13.5	0	14,403	620	4,201	14,425	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	4,226				
SHANNON	4,754				
TEEPEE BUTTES	6,000				
SHARON SPRINGS	7,105				
NIOBRARA	7,217				
CODELL	7,448				

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>			
400740650	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400740649	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>			
400740639	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740640	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740646	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740647	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740686	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)