

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:
400740688

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 05-123-38131-00 County: WELD
 Well Name: Grant Hurt Well Number: 1F-14H G268
 Location: QtrQtr: SWNE Section: 14 Township: 2N Range: 68W Meridian: 6
 Footage at surface: Distance: 2449 feet Direction: FNL Distance: 1549 feet Direction: FEL
 As Drilled Latitude: 40.139284 As Drilled Longitude: -104.966556

GPS Data:
 Date of Measurement: 12/04/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: CHRIS

** If directional footage at Top of Prod. Zone Dist.: 1693 feet. Direction: FNL Dist.: 990 feet. Direction: FEL
 Sec: 14 Twp: 2N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 544 feet. Direction: FNL Dist.: 833 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: 09/13/2014 Date Casing Set or D&A: 09/13/2014
 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 14225 TVD** 7213 Plug Back Total Depth MD 14151 TVD** 7213
 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	870	347	0	890	CALC
1ST	8+3/4	7	26	0	7,758	681	0	7,780	CALC
2ND	6+1/8	4+1/2	13.5	0	14,203	620	4,367	14,225	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	7,094				
NIOBRARA	7,211				

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			
400740763	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400740754	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			
400740714	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740720	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740744	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740751	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740773	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)