

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.

Document Number:
400744855

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100185 Contact Name: Chris McRickard

Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5586

Address: 370 17TH ST STE 1700 Fax: _____

City: DENVER State: CO Zip: 80202-

API Number 05-123-37816-00 County: WELD

Well Name: VOGL-GEIST Well Number: 2B-5H-E267

Location: QtrQtr: SWNW Section: 5 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 2602 feet Direction: FNL Distance: 331 feet Direction: FWL

As Drilled Latitude: 40.168196 As Drilled Longitude: -104.922323

GPS Data:
Date of Measurement: 09/16/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: Dorsey Comeau

** If directional footage at Top of Prod. Zone Dist.: 2037 feet. Direction: FNL Dist.: 783 feet. Direction: FWL
Sec: 5 Twp: 2n Rng: 67w

** If directional footage at Bottom Hole Dist.: 521 feet. Direction: FNL Dist.: 700 feet. Direction: FWL
Sec: 32 Twp: 3n Rng: 67w

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/09/2014 Date TD: 04/26/2014 Date Casing Set or D&A: 04/27/2014

Rig Release Date: 04/28/2014 Per Rule 308A.b.

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

Total Depth MD 14400 TVD** 7109 Plug Back Total Depth MD 14346 TVD** 7109

Elevations GR 4836 KB 4866 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Gamma, 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	65	0	114	432	40	114	CALC
SURF	12+1/4	9+5/8	40	0	856	379	36	880	CALC
1ST	8+3/4	7	26	0	7,622	590	6,380	7,622	CALC
2ND	6+1/8	4+1/2	13.50	0	14,388	550	6,622	14,400	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	
SHARON SPRINGS	6,992	7,078			
NIOBRARA	7,078	7,109			

Comment:

Required Open Hole log for this pad is attached.

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

Signed: _____ Print Name: Chris McRickard

Title: Regulatory Analyst Date: _____ Email: chris.mcrickard@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400750560	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400750551	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			
400750449	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400750496	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400750542	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400750553	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400753462	PDF-COMBINATION OPEN HOLE	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)