

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:
400744856

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: 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 05-123-37860-00 County: WELD
 Well Name: VOGL-GEIST Well Number: 2C-5H-E267
 Location: QtrQtr: SWNW Section: 5 Township: 2n Range: 67w Meridian: 6
 Footage at surface: Distance: 2602 feet Direction: FNL Distance: 351 feet Direction: FWL
 As Drilled Latitude: 40.168198 As Drilled Longitude: -104.922252

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.: 2290 feet. Direction: FNL Dist.: 1190 feet. Direction: FWL
 Sec: 5 Twp: 2n Rng: 67w
 ** If directional footage at Bottom Hole Dist.: 479 feet. Direction: FNL Dist.: 1105 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) 03/10/2014 Date TD: 04/04/2014 Date Casing Set or D&A: 04/05/2014
 Rig Release Date: 04/08/2014 Per Rule 308A.b.

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

Total Depth MD 14730 TVD** 7294 Plug Back Total Depth MD 14716 TVD** 7294

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

List Electric Logs Run:
CBL, GAMMA

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	0	114	CALC
SURF	12+1/4	9+5/8	40	0	877	335	0	877	CALC
1ST	8+3/4	7	26	0	7,661	649	0	7,661	CALC
2ND	6+1/8	4+1/2	13.50	0	14,730	576	5,067	14,730	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	7,082	7,185			
NIOBRARA	7,186	7,634			
FORT HAYS	7,635	14,730			

Comment:

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			
400753540	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400751330	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			
400751052	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400751100	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400751321	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400751323	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400751342	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)