

DRILLING COMPLETION REPORT

Document Number:
400745260

Date Received:

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: Toby Sachen
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5845
 Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

API Number 05-123-38448-00 County: WELD
 Well Name: Bohrer Well Number: 2C-19H-E368
 Location: QtrQtr: SWNW Section: 19 Township: 3n Range: 68w Meridian: 6
 Footage at surface: Distance: 1382 feet Direction: FNL Distance: 762 feet Direction: FWL
 As Drilled Latitude: 40.214425 As Drilled Longitude: -105.052448

GPS Data:
 Date of Measurement: 11/25/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Chris Bettencourt

** If directional footage at Top of Prod. Zone Dist.: 840 feet. Direction: FNL Dist.: 807 feet. Direction: FWL
 Sec: 19 Twp: 3n Rng: 68w
 ** If directional footage at Bottom Hole Dist.: 900 feet. Direction: FNL Dist.: 525 feet. Direction: FEL
 Sec: 19 Twp: 3n Rng: 68w

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/04/2014 Date TD: 05/29/2014 Date Casing Set or D&A: 05/30/2014
 Rig Release Date: 07/14/2014 Per Rule 308A.b.

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

Total Depth MD 11320 TVD** 6908 Plug Back Total Depth MD 11301 TVD** 6907
 Elevations GR 5059 KB 5091 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD, Open Hole Logs run on the Bohrer 2F-19H-E368.

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	30	0	112	114	0	112	
SURF	12+1/4	9+5/8	40	0	893	377	0	893	
1ST	8+3/7		26	0	7,400	635	556	7,400	
2ND	6+1/8	4+1/2	13.5	0	11,302	436	5,172	11,302	

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	6,810				
NIOBRARA	7,033				

Comment:

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

Signed: _____ Print Name: Toby Sachen

Title: Regulatory Analyst Date: _____ Email: toby.sachen@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400755079	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400755049	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			
400755050	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755059	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755068	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755070	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755106	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)