

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:
400728310

Date Received:

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 05-123-38005-00 County: WELD

Well Name: JILLSON-EAST RINN Well Number: 3J-22H-N268

Location: QtrQtr: SESW Section: 22 Township: 2n Range: 68w Meridian: 6

Footage at surface: Distance: 261 feet Direction: FSL Distance: 2120 feet Direction: FWL

As Drilled Latitude: 40.117591 As Drilled Longitude: -104.991205

GPS Data:
Date of Measurement: 10/02/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Chris Bettencourt

** If directional footage at Top of Prod. Zone Dist.: 610 feet. Direction: FSL Dist.: 2627 feet. Direction: FWL
Sec: 22 Twp: 2n Rng: 68w

** If directional footage at Bottom Hole Dist.: 2637 feet. Direction: FSL Dist.: 2621 feet. Direction: FWL
Sec: 15 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) 06/16/2014 Date TD: 06/29/2014 Date Casing Set or D&A: 07/01/2014

Rig Release Date: 10/13/2014 Per Rule 308A.b.

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

Total Depth MD 15304 TVD** 7549 Plug Back Total Depth MD 15287 TVD** 7550

Elevations GR 4975 KB 5000 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD Induction log run on Jillson-East Rinn 3G-22H-N268.

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	107	114	0	107	
SURF	12+1/4	9+5/8	40	0	866	344	0	866	
1ST	8+1/2	7	26	0	7,945	662	0	7,945	
2ND	6+1/8	4+1/2	13.5	0	15,289	559	6,945	15,289	

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	7,265				
NIOBRARA	7,378				
FORT HAYS	7,800				
CODELL	7,880				

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			
400742725	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400742726	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			
400742668	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742686	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742701	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742722	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742728	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)