

**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:  
400751049

Date Received:

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 100185 Contact Name: Bonnie Lamond

Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5156

Address: 370 17TH ST STE 1700 Fax: \_\_\_\_\_

City: DENVER State: CO Zip: 80202-

API Number 05-123-37629-00 County: WELD

Well Name: Drieth Well Number: 4C-6H-I368

Location: QtrQtr: NESE Section: 6 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 2415 feet Direction: FSL Distance: 560 feet Direction: FEL

As Drilled Latitude: 40.254163 As Drilled Longitude: -105.038555

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

\*\* If directional footage at Top of Prod. Zone Dist.: 2557 feet. Direction: FNL Dist.: 714 feet. Direction: FEL  
Sec: 6 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2507 feet. Direction: FNL Dist.: 489 feet. Direction: FWL  
Sec: 6 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) 09/09/2014 Date TD: 10/06/2014 Date Casing Set or D&A: 10/07/2014

Rig Release Date: 11/13/2014 Per Rule 308A.b.

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

Total Depth MD 11730 TVD\*\* 7226 Plug Back Total Depth MD 11720 TVD\*\* 7226

Elevations GR 5110 KB 5140 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MWD. An open hole log omission exception was granted for this pad.

**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	110	114	0	110	CALC
SURF	12+1/4	9+5/8	40	0	880	295	0	870	CALC
1ST	8+3/4	7	26	0	7,765	608	0	7,765	CALC
2ND	6+1/8	4+1/2	13.5	0	11,730	393	5,755	11,730	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	
FOX HILLS BASE	370				
SUSSEX	3,910				
SHANNON	4,387				
TEEPEE BUTTES	6,083				
SHARON SPRINGS	7,004				
NIOBRARA	7,058				
FORT HAYS	7,317				
CODELL	7,334				

Comment:

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

Signed: \_\_\_\_\_ Print Name: Bonnie Lamond

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: bonnie.lamond@encna.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400768885	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400768894	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"/>
<b>Other Attachments</b>			
400768859	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768875	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768877	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768896	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)