

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:
400749345

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100185 Contact Name: Kelly Hamden

Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5185

Address: 370 17TH ST STE 1700 Fax: (720) 876-6185

City: DENVER State: CO Zip: 80202-

API Number 05-123-37778-00 County: WELD

Well Name: VOGL-GEIST Well Number: 2E-5H-F267

Location: QtrQtr: SENW Section: 5 Township: 2n Range: 67w Meridian: 6

Footage at surface: Distance: 2597 feet Direction: FNL Distance: 2373 feet Direction: FWL

As Drilled Latitude: 40.168098 As Drilled Longitude: -104.915128

GPS Data:
Date of Measurement: 10/24/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: Scott@tmlinelocators.co

** If directional footage at Top of Prod. Zone Dist.: 2125 feet. Direction: FNL Dist.: 1571 feet. Direction: FWL
Sec: 5 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 524 feet. Direction: FNL Dist.: 1521 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) 01/30/2014 Date TD: 04/11/2014 Date Casing Set or D&A: 04/14/2014

Rig Release Date: 09/15/2014 Per Rule 308A.b.

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

Total Depth MD 14779 TVD** 7345 Plug Back Total Depth MD 14713 TVD** 7279

Elevations GR 4860 KB 4885 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD logs

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	0	108	432	0	108	CALC
SURF	12+1/4	9+5/8	40.0	0	849	334	0	849	CALC
1ST	8+3/4	7	26.0	0	7,765	871	25	7,775	CALC
2ND	6+1/8	4+1/2	13.5	0	14,767	539	6,765	14,779	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	7,068	7,150			
NIOBRARA	7,151	7,546			
FORT HAYS	7,547	7,633			
CODELL	7,634	14,779			

Comment:

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

Signed: _____ Print Name: Kelly Hamden

Title: Regulatory Analyst Date: _____ Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400749740	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400749731	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			
400749616	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400749668	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400749677	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400749699	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400749733	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)