

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400775831

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: Kelly Hamden

Name of Operator: ENCANA OIL &amp; 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 05-123-37779-00

County: WELD

Well Name: VOGL-MCCOY

Well Number: 2F-5H-F267

Location: QtrQtr: SENW Section: 5 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 2597 feet Direction: FNL Distance: 2363 feet Direction: FWL

As Drilled Latitude: 40.168110 As Drilled Longitude: -104.915060

## GPS Data:

Date of Measurement: 04/13/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: John Rice

\*\* If directional footage at Top of Prod. Zone Dist.: 2719 feet. Direction: FNL Dist.: 2363 feet. Direction: FWL

Sec: 5 Twp: 2N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 504 feet. Direction: FSL Dist.: 1820 feet. Direction: FWL

Sec: 8 Twp: 2N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/29/2014 Date TD: 05/02/2014 Date Casing Set or D&amp;A: 05/06/2014

Rig Release Date: 05/06/2014 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 15187 TVD\*\* 7389 Plug Back Total Depth MD 14550 TVD\*\* 6752

Elevations GR 4860 KB 25

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	0	108	432	0	108	CALC
SURF	12+1/4	9+5/8	40.0	0	850	360	0	865	CALC
1ST	8+3/4	9+5/8	26.0	0	7,609	612	865	7,625	CBL
2ND	6+1/8	4+1/2	13.5	0	15,170	570	7,625	15,187	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	7,069	7,148			
NIOBRARA	7,149	7,366			
FORT HAYS	7,367	7,446			
CODELL	7,447	15,187			

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 ?			
<u>Attachment Checklist</u>					
400776438	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400776436	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"/>
<u>Other Attachments</u>					
400775873	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400775889	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400776434	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400776437	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)