

**FORM**  
**5**  
Rev  
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



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Document Number:  
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**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: 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 05-123-39730-00 County: WELD  
 Well Name: Dale Well Number: 4D-20H-O264  
 Location: QtrQtr: SWSE Section: 20 Township: 2N Range: 64W Meridian: 6  
 Footage at surface: Distance: 338 feet Direction: FSL Distance: 1784 feet Direction: FEL  
 As Drilled Latitude: 40.117642 As Drilled Longitude: -104.571940

GPS Data:  
 Date of Measurement: 12/08/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: Chris Bettencourt

\*\* If directional footage at Top of Prod. Zone Dist.: 502 feet. Direction: FSL Dist.: 1831 feet. Direction: FEL  
 Sec: 20 Twp: 2N Rng: 64W  
 \*\* If directional footage at Bottom Hole Dist.: 500 feet. Direction: FNL Dist.: 1794 feet. Direction: FEL  
 Sec: 20 Twp: 2N Rng: 64W

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

Spud Date: (when the 1st bit hit the dirt) 08/22/2014 Date TD: 10/31/2014 Date Casing Set or D&A: 11/01/2014  
 Rig Release Date: 12/02/2014 Per Rule 308A.b.

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

Total Depth MD 11626 TVD\*\* 7013 Plug Back Total Depth MD 11611 TVD\*\* 7013  
 Elevations GR 4962 KB 4987 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Open hole LWD PRT (resistivity) log was run on the Dale 4E-20H-O264.

**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	143	114	0	143	
SURF	12+1/4	9+5/8	40	0	1,072	362	0	1,072	
1ST	8+3/4	7	26	0	7,337	766	0	7,337	
2ND	6+1/8	4+1/2	13.5	0	11,626	354	4,500	11,611	

## 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	6,864				
NIOBRARA	6,935				

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@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400781118	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400781121	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>			
400781110	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781111	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781112	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400781122	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)