

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:

400780957

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: 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 05-123-39729-00

County: WELD

Well Name: Dale

Well Number: 4J-20H-O264

Location: QtrQtr: SWSE Section: 20 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 337 feet Direction: FSL Distance: 1738 feet Direction: FEL

As Drilled Latitude: 40.117641 As Drilled Longitude: -104.571780

GPS Data:

Date of Measurement: 12/08/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Chris Bettencourt

** If directional footage at Top of Prod. Zone Dist.: 433 feet. Direction: FSL Dist.: 466 feet. Direction: FEL

Sec: 20 Twp: 2N Rng: 64W

** If directional footage at Bottom Hole Dist.: 491 feet. Direction: FNL Dist.: 448 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) 08/16/2014 Date TD: 09/12/2014 Date Casing Set or D&A: 09/13/2014

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 11702 TVD** 7005 Plug Back Total Depth MD 11678 TVD** 7005

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+1/9	5+8/4	40	0	1,075	389	0	1,075	
1ST	8+3/4	7	26	0	7,333	594	0	7,333	
2ND	6+1/8	4+1/2	13.5	0	11,678	328	6,462	11,678	

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	6,979				
NIOBRARA	7,014				

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 ?			
<u>Attachment Checklist</u>					
400781427	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400781572	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>					
400781358	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400781575	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400783193	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400783205	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)