

**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



Document Number:

400543806

Date Received:

01/31/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 100185 Contact Name: JENNIFER LIND
Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5890
Address: 370 17TH ST STE 1700 Fax: _____
City: DENVER State: CO Zip: 80202-

API Number 05-123-38181-00 County: WELD
Well Name: Rodman Bruntz Well Number: 2B-26H D266
Location: QtrQtr: NWNW Section: 26 Township: 2N Range: 66W Meridian: 6
Footage at surface: Distance: 354 feet Direction: FNL Distance: 1181 feet Direction: FWL
As Drilled Latitude: 40.115525 As Drilled Longitude: -104.749774

GPS Data:

Date of Measurement: 01/24/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: S. DOWNEY** If directional footage at Top of Prod. Zone Dist.: 535 feet Direction: FNL Dist.: 773 feet Direction: FWLSec: 26 Twp: 2N Rng: 66W** If directional footage at Bottom Hole Dist.: 1679 feet Direction: FNL Dist.: 780 feet Direction: FWLSec: 35 Twp: 2N Rng: 66WField Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/31/2013 Date TD: 01/12/2014 Date Casing Set or D&A: 01/14/2014

Rig Release Date: _____ Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 14214 TVD** 7526 Plug Back Total Depth MD 14200 TVD** 7512Elevations GR 5079 KB 5092 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MWD, CBL

Open hole logs were run on the Rodman Bruntz 11-26 (API 05-123-32172, SWNW-Sec.26-T2N-R66W) which satisfies the COGCC request of open hole log data in a quarter-quarter section where none previously existed.

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	97	432	0	97	CALC
SURF	12+1/4	9+5/8	40	0	1,218	507	0	1,218	VISU
1ST	8+3/4	7	26	0	7,793	640	2,300	7,793	CBL
2ND	6+1/8	4+1/2	13.5	6793	14,204	350	6,793	14,204	CALC

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	
SUSSEX	4,648		NO	NO	
SHANNON	5,328		NO	NO	
TEEPEE BUTTES	6,744		NO	NO	
SHARON SPRINGS	7,194		NO	NO	
NIOBRARA	7,566		NO	NO	
CODELL	7,696				

Operator Comments

Drilling operations have been completed on this well. The well is not able to be completed at this time due to completion rig schedules. The final form 5a will be submitted at the time the well is completed.

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

Signed: _____ Print Name: JENNIFER LIND

Title: REGULATORY ANALYST Date: 1/31/2014 Email: JENNIFER.LIND@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400548568	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400546964	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>					
400543806	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400546969	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400546970	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400546971	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400546972	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400548552	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400548564	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400581369	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400582696	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	KB & GL adjusted to match CBL & Gamma Ray.	5/20/2014 3:27:02 PM
Permit	Second directional data was incorrect. Received corrected copy. Ready to pass.	4/2/2014 9:57:38 AM
Permit	Operator sent corrected directional data and Codell top.	3/31/2014 2:53:10 PM
Permit	Directional data should be negative to BHL, but turns positive at 8600'. Codell top is missing. Footages ok.	3/20/2014 2:19:29 PM

Total: 4 comment(s)