

DRILLING COMPLETION REPORT

Document Number:
400801067

Date Received:

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: Erin Lind
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5827
 Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

API Number 05-123-37652-00 County: WELD
 Well Name: Grant Elmquist Well Number: 2A-14H C268
 Location: QtrQtr: NENW Section: 14 Township: 2N Range: 68W Meridian: 6
 Footage at surface: Distance: 796 feet Direction: FNL Distance: 1643 feet Direction: FWL
 As Drilled Latitude: 40.143858 As Drilled Longitude: -104.973894

GPS Data:
 Date of Measurement: 02/27/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: CHRIS

** If directional footage at Top of Prod. Zone Dist.: 1370 feet. Direction: FNL Dist.: 226 feet. Direction: FWL
 Sec: 14 Twp: 2N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2131 feet. Direction: FNL Dist.: 204 feet. Direction: FWL
 Sec: 23 Twp: 2N Rng: 68W

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

Spud Date: (when the 1st bit hit the dirt) 10/17/2014 Date TD: 01/06/2015 Date Casing Set or D&A: 01/08/2015
 Rig Release Date: 01/08/2015 Per Rule 308A.b.

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

Total Depth MD 13833 TVD** 7255 Plug Back Total Depth MD 13773 TVD** 7255

Elevations GR 4881 KB 4894 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD. Open hole logs were run on the Grant Elmquist 2D-14H C268.

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	93	114	0	93	CALC
SURF	12+1/4	9+5/8	40	0	853	377	0	863	CALC
1ST	8+3/4	7	26	0	7,750	678	0	7,750	CALC
2ND	6+1/8	4+1/2	13.5	0	13,818	536	7,550	13,833	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	7,320				
NIOBRARA	7,478				

Comment:

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

Signed: _____ Print Name: Erin Lind

Title: Regulatory Analyst Date: _____ Email: erin.lind@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400801129	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400801126	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			
400801097	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801112	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801113	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801123	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801133	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)