

Document Number:
400817383

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: 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 05-123-39773-00 County: WELD
 Well Name: Newnam Well Number: 2B-32H C264
 Location: QtrQtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6
 Footage at surface: Distance: 308 feet Direction: FNL Distance: 1557 feet Direction: FWL
 As Drilled Latitude: 40.101468 As Drilled Longitude: -104.578673

GPS Data:
 Date of Measurement: 03/11/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: CHRIS

** If directional footage at Top of Prod. Zone Dist.: 822 feet. Direction: FNL Dist.: 180 feet. Direction: FWL
 Sec: 32 Twp: 2N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 580 feet. Direction: FSL Dist.: 250 feet. Direction: FWL
 Sec: 32 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) 10/28/2014 Date TD: 11/04/2014 Date Casing Set or D&A: 11/05/2014
 Rig Release Date: 02/21/2015 Per Rule 308A.b.

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

Total Depth MD 11483 TVD** 6963 Plug Back Total Depth MD 11416 TVD** 6963
 Elevations GR 4952 KB 4965 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD. Open hole logs were run on the Newnam 2C-32H C264 well.

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	133	145	0	137	CALC
SURF	12+1/4	9+5/8	40	0	1,014	418	0	1,025	CALC
1ST	8+3/4	7	26	0	7,565	660	0	7,582	CALC
2ND	6+1/8	4+1/2	13.5	0	11,468	404	5,565	11,483	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	7,128				
NIOBRARA	7,199				

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			
400817406	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400817409	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			
400817396	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400817399	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400817402	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400817403	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400817417	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)