

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:

400817472

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 05-123-39774-00

County: WELD

Well Name: Newnam

Well Number: 2C-32H C264

Location: QtrQtr: NENW Section: 32 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 308 feet Direction: FNL Distance: 1567 feet Direction: FWL

As Drilled Latitude: 40.101468 As Drilled Longitude: -104.578638

GPS Data:

Date of Measurement: 03/11/2015 PDOP Reading: 1.3 GPS Instrument Operator's Name: CHRIS

** If directional footage at Top of Prod. Zone Dist.: 884 feet. Direction: FNL Dist.: 508 feet. Direction: FWL

Sec: 32 Twp: 2N Rng: 64W

** If directional footage at Bottom Hole Dist.: 569 feet. Direction: FSL Dist.: 485 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) 11/06/2014 Date TD: 11/14/2014 Date Casing Set or D&A: 11/15/2014

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 11625 TVD** 7138 Plug Back Total Depth MD 11539 TVD** 7138

Elevations GR 4952 KB 4965 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Resitivity, MWD.

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	137	145	0	137	CALC
SURF	12+1/4	9+5/8	40	0	1,019	419	0	1,032	CALC
1ST	8+3/4	7	26	0	7,756	678	0	7,771	CALC
2ND	6+1/8	4+1/2	13.5	0	11,590	400	5,705	11,625	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	6,994				
NIOBRARA	7,032				
FORT HAYS	7,498				
CODELL	7,594				
CARLILE	7,771				

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400817489	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400817491	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>					
400817479	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400817484	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400817488	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400817493	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)