

**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



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Document Number:  
400829481

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: Toby Sachen  
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5845  
 Address: 370 17TH ST STE 1700 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202-

API Number 05-123-11644-00 County: WELD  
 Well Name: MURATA Well Number: 1-19J  
 Location: QtrQtr: CNW Section: 19 Township: 2N Range: 66W Meridian: 6  
 Footage at surface: Distance: 1400 feet Direction: FNL Distance: 1320 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
 Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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

Spud Date: (when the 1st bit hit the dirt) 02/25/1984 Date TD: \_\_\_\_\_ Date Casing Set or D&A: \_\_\_\_\_  
 Rig Release Date: 12/10/1984 Per Rule 308A.b.

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

Total Depth MD 8012 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 8012 TVD\*\* \_\_\_\_\_

Elevations GR 4858 KB 4868 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 CBL

**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
SURF	12+1/4	8+5/8	24	0	555	450	0	555	
1ST	7+7/8	4+1/2	11.6	0	8,012	350	0	8,012	

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 03/11/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	810	255	440	810

Details of work:

MIRU. TOO H w/tbg. Set RBP @ 6541' and top w/2 sx sand. RIH w/1 1/4" tubing and pump 240 sx cmt with 5 bbls of cmt back to surface. POOH and top off with 15 sxs cmt. Ran CBL from 1500' to surface. Good cmt from 810' to 440'. Land 2-3/8" tbg @ 7826'. RDMO.

Note: Cement was corrected by engineer from 350 to 255 sx.

### 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	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Toby Sachen

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: toby.sachen@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400829488	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400829483	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400829487	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)