

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400832513

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: Bonnie Lamond
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5156
 Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

API Number 05-123-39268-00 County: WELD
 Well Name: Sprague Well Number: 3E-9H-N267
 Location: QtrQtr: SESW Section: 9 Township: 2N Range: 67W Meridian: 6
 Footage at surface: Distance: 521 feet Direction: FSL Distance: 1717 feet Direction: FWL
 As Drilled Latitude: 40.147016 As Drilled Longitude: -104.898485

GPS Data:
 Date of Measurement: 03/25/2015 PDOP Reading: 1.0 GPS Instrument Operator's Name: Chris Bettencourt

** If directional footage at Top of Prod. Zone Dist.: 272 feet. Direction: FSL Dist.: 1532 feet. Direction: FWL
 Sec: 4 Twp: 2N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 392 feet. Direction: FSL Dist.: 1526 feet. Direction: FWL
 Sec: 4 Twp: 2N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 02/27/2015 Date TD: 03/18/2015 Date Casing Set or D&A: 03/09/2015
 Rig Release Date: 06/09/2015 Per Rule 308A.b.

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

Total Depth MD 7485 TVD** 7327 Plug Back Total Depth MD 7485 TVD** 7327

Elevations GR 4892 KB 5010 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

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	42	0	114	110	0	114	
SURF	12+1/4	9+5/8	36	0	857	355	0	857	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/09/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	6,802	438	6,302	7,302

Details of work:

Casing strings: 9-5/8" Surface Casing – set at 857ft

Fish: 8.75" bit / 6.75" Mud Motor / 2 x Non-Mag Drill Collars / 6.5" MWD Hangoff Sub / 2 x Non-Mag Drill Collars / XO Sub

a. Total length of fish: 147.86ft

b. Top of Fish: 7307ft

c. Bottom of fish: 7455ft

v. Cement Plugs: 2 x 500ft cement plugs, 37 bbl / 219 sxs per plug

a. Bottom Plug (500ft): 7,302 ft – 6,802 ft

b. Top Plug (500ft): 6802 ft – 6302ft

Kick off Plug Slurry: Class G Cement, 17.5ppg slurry weight, 0.95 cuft/sk yield

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:

Please note that the plug back total depth is incorrect. eForms does not allow the operator to submit a Form 5 without entering a number in the cell. The original Sprague 3E-9H-N267 wellbore does not have a plug back depth.

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

Signed: _____

Print Name: Bonnie Lamond

Title: Regulatory Analyst

Date: _____

Email: bonnie.lamond@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400832521	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400832527	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)