

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:
400836441

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: Chris McRickard
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5586
 Address: 370 17TH ST STE 1700 Fax: (720) 876-6584
 City: DENVER State: CO Zip: 80202-

API Number 05-123-40284-00 County: WELD
 Well Name: Ruhl Well Number: 1B-32H-B264
 Location: QtrQtr: NWNE Section: 32 Township: 2N Range: 64W Meridian: 6
 Footage at surface: Distance: 313 feet Direction: FNL Distance: 2311 feet Direction: FEL
 As Drilled Latitude: 40.101439 As Drilled Longitude: -104.573705

GPS Data:
 Date of Measurement: 05/11/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Jason Dalhman

** If directional footage at Top of Prod. Zone Dist.: 773 feet. Direction: FNL Dist.: 2299 feet. Direction: FEL
 Sec: 32 Twp: 2n Rng: 64w
 ** If directional footage at Bottom Hole Dist.: 505 feet. Direction: FSL Dist.: 2302 feet. Direction: FEL
 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) 12/09/2014 Date TD: 01/27/2015 Date Casing Set or D&A: 01/28/2015
 Rig Release Date: 01/28/2015 Per Rule 308A.b.

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

Total Depth MD 11443 TVD** 6952 Plug Back Total Depth MD 11372 TVD** 6954

Elevations GR 4979 KB 5004 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD (Gamma)

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+1/16	16	65	0	149	180	0	149	CALC
SURF	12+1/4	9+5/8	40	0	1,213	429	25	1,213	CALC
1ST	8+3/4	7	26	0	7,393	672	90	7,408	CALC
2ND	6+1/8	4+1/2	13.50	0	11,428	340	6,390	11,428	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	
NIOBRARA	6,876				
SHARON SPRINGS	6,989				

Comment:

Drilling and completion operations have been completed on this well. We are currently waiting to receive data to submit the Form 5A.

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

Signed: _____ Print Name: Chris McRickard

Title: Regulatory Analyst Date: _____ Email: chris.mcrickard@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400836520	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400836484	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			
400836469	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836476	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836477	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836479	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836714	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)