

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.

Document Number:
400839099

Date Received:

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 05-123-40283-00 County: WELD

Well Name: Ruhl Well Number: 1F-32H-B264

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

Footage at surface: Distance: 313 feet Direction: FNL Distance: 2271 feet Direction: FEL

As Drilled Latitude: 40.101438 As Drilled Longitude: -104.573562

GPS Data:
Date of Measurement: 05/11/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: Jason Dalhman

** If directional footage at Top of Prod. Zone Dist.: 485 feet. Direction: FNL Dist.: 1348 feet. Direction: FEL
Sec: 32 Twp: 2n Rng: 64w

** If directional footage at Bottom Hole Dist.: 507 feet. Direction: FNL Dist.: 1360 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) 12/13/2014 Date TD: 12/24/2014 Date Casing Set or D&A: 12/26/2014

Rig Release Date: 12/26/2014 Per Rule 308A.b.

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

Total Depth MD 11835 TVD** 7171 Plug Back Total Depth MD 11746 TVD** 7169

Elevations GR 4980 KB 5005 **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	16	65	0	151	170	25	151	CALC
SURF	12+1/4	9+5/8	40	0	1,225	430	25	1,215	CALC
1ST	8+3/4	7	26	0	7,512	593	510	7,512	CALC
2ND	6+1/8	4+1/2	13.5	0	11,835	355	5,306	11,820	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	6,951				
NIOBRARA	6,985				
FORT HAYS	7,306				
CODELL	7,397				

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			
400839133	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400839128	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			
400839115	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400839121	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400839123	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400839127	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400839130	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)