

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:
400837044

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: <u>100185</u>	Contact Name: <u>Chris McRickard</u>
Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5586</u>
Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6584</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>	

API Number <u>05-123-40275-00</u>	County: <u>WELD</u>
Well Name: <u>Ruhl</u>	Well Number: <u>11-32H-B264</u>
Location: QtrQtr: <u>NWNE</u> Section: <u>32</u> Township: <u>2N</u> Range: <u>64W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>307</u> feet Direction: <u>FNL</u> Distance: <u>1508</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.101448</u> As Drilled Longitude: <u>-104.570837</u>	

GPS Data:
Date of Measurement: 05/13/2015 PDOP Reading: 1.7 GPS Instrument Operator's Name: Jason Dalhman

** If directional footage at Top of Prod. Zone Dist.: 727 feet. Direction: FNL Dist.: 727 feet. Direction: FEL
Sec: 32 Twp: 2n Rng: 64w

** If directional footage at Bottom Hole Dist.: 691 feet. Direction: FSL Dist.: 722 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) 01/14/2015 Date TD: 02/13/2015 Date Casing Set or D&A: 02/14/2015
Rig Release Date: 02/14/2015 Per Rule 308A.b.

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

Total Depth MD <u>11631</u> TVD** <u>7184</u> Plug Back Total Depth MD <u>11390</u> TVD** <u>7184</u>
Elevations GR <u>4997</u> KB <u>5010</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

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	137	170	19	137	CALC
SURF	12+1/4	9+5/8	40	0	1,165	471	14	1,155	CALC
1ST	8+3/4	7	26	0	7,586	668	580	7,603	CALC
2ND	6+1/8	4+1/2	13.5	0	11,631	461	5,636	11,502	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	6,949				
NIOBRARA	6,990				
FORT HAYS	7,559				
CODELL	7,613				

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			
400837088	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400837109	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			
400837083	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400837110	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400837592	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400837598	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400837599	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)