

FORM
5Rev
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:

400837112

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 05-123-40276-00

County: WELD

Well Name: Ruhl

Well Number: 1J-32H-B264

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

Footage at surface: Distance: 307 feet Direction: FNL Distance: 1498 feet Direction: FEL

As Drilled Latitude: 40.101448 As Drilled Longitude: -104.570802

GPS Data:

Date of Measurement: 05/13/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Jason Dalhman

** If directional footage at Top of Prod. Zone Dist.: 801 feet. Direction: FNL Dist.: 512 feet. Direction: FEL

Sec: 32 Twp: 2n Rng: 64w

** If directional footage at Bottom Hole Dist.: 533 feet. Direction: FSL Dist.: 478 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) 01/13/2015 Date TD: 02/21/2015 Date Casing Set or D&A: 02/23/2015

Rig Release Date: 02/23/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11550 TVD** 7055 Plug Back Total Depth MD 11412 TVD** 7054

Elevations GR 4997 KB 5010 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	137	170	13	137	CALC
SURF	12+1/4	9+5/8	40	0	1,159	476	13	1,149	CALC
1ST	8+3/4	7	26	0	7,573	668	100	7,573	CALC
2ND	6+1/8	4+1/2	13.5	0	11,550	402	5,525	11,550	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	7,037				
NIOBRARA	7,085				

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 ?			
<u>Attachment Checklist</u>					
400837231	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400837229	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"/>
<u>Other Attachments</u>					
400837220	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400837222	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400837227	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400837228	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400837230	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)