

FORM  
5Rev  
09/14State 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:

401054499

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: Toby Sachen

Name of Operator: ENCANA OIL &amp; GAS (USA) INC

Phone: (720) 876-5845

Address: 370 17TH ST STE 1700

Fax:

City: DENVER

State: CO

Zip: 80202-

API Number 05-123-09952-00

County: WELD

Well Name: JOHNSON-NIVEN

Well Number: 1-13J

Location: QtrQtr: SESW Section: 13 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 1120 feet Direction: FSL Distance: 1370 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/23/1980 Date TD: 06/09/1980 Date Casing Set or D&amp;A: 11/19/1980

Rig Release Date: 11/20/1980 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 8126 TVD\*\* Plug Back Total Depth MD 8012 TVD\*\*

Elevations GR 4943 KB 4953 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL

## 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
SURF	12+1/2	8+5/8	0	0	600	200	0	600	VISU
1ST	7+7/8	4+1/2	0	0	8,100	200	7,185	8,120	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/01/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,060	200		7,060
SQUEEZE	1ST	7,180	150	7,080	7,180

Details of work:

CIBP @ 7875' (1/28/16)

Shoot squeeze holes @ 7180'. CICR set @ 7160'. Pump 150 sx cement.

Shoot squeeze holes @ 7060'. CICR set @ 7040'. Pump 100 sx cement. Tag cmt @ 6910' Drill out cmt to CICR @ 7040'. DO Cmt retainer and pushed to 7136'.

CICR set @ 7045". Pump 100 sx cement. Retainer failed while pumping displacement. Attempted to roll out cmt – failed. Attempt to pull tubing – failed. Chemical cut tbg @ 3138. Attempt to pull fish failed. DO to CR @ 7045'. Chem cut tbg @ 6350'. Washed and milled tbg. Top of fish 6359'.

### 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:

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

Signed: \_\_\_\_\_

Print Name: Toby Sachen

Title: Regulatory Analyst

Date: \_\_\_\_\_

Email: toby.sachen@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401054707	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
401054510	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401054515	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)