

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Document Number:

400313048

Date Received:

10/18/2012

## 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

1. OGCC Operator Number: 100185

4. Contact Name: Jane Washburn

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

Phone: (720) 876-5431

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6431

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-07329-00

6. County: WELD

7. Well Name: DEVORE

Well Number: 1

8. Location: QtrQtr: NENE Section: 34 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 990 feet Direction: FNL Distance: 1140 feet Direction: FEL

As Drilled Latitude: 40.186017 As Drilled Longitude: -104.758167

## GPS Data:

Data of Measurement: 05/13/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: P. LINDERHOLM

\*\* 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:

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/15/1971 13. Date TD: 06/21/1971 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 7976 TVD\*\* 17 Plug Back Total Depth MD 7946 TVD\*\*

18. Elevations GR 4970 KB 4981

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CBL

## 20. Casing, Liner and Cement:

## CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	172	150	0	172	CALC
1ST	7+7/8	4+1/2	11.6	0	7,977	250	6,990	7,977	CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/10/2012					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	760	730	440	760
SQUEEZE	1ST	7,099	150	6,485	6,990
Details of work:					
CR @ 7099; sting in and pump 150 sx cmt. Surface Casing Cement: Pumped 500 sx with poor returns; pumped an additional 230 sx @ 270' to surface.					

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FOX HILLS BASE	641		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,417		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,713		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,128		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,384		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,404		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,844		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Jane Washburn

Title: Operations Technologist Date: 10/18/2012 Email: jane.washburn@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2113960	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"/>
400331286	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400313048	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400331302	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	Rec'd CBL on 3/4, finally scanned into document images.	3/11/2013 8:19:17 AM
Engineer	Emailed operator for CBL after remedial cementing, the one we have is prior to the work.	2/28/2013 8:57:04 AM
Permit	Attached cement job summaries. Changed cement volume at 760' to 230 sx at operator request.	2/26/2013 2:41:37 PM
Permit	Requested Cement Job Summary again.	2/26/2013 9:18:09 AM
Permit	CBL is attached on Attachment tab. Requested CBL be mailed into office. Requested Cement Job Summary.	11/14/2012 11:23:35 AM

Total: 5 comment(s)