

FORM
5
Rev
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



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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 & 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:
 Date 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&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

User Group	Comment	Comment Date
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)