

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:
400440681

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

1. OGCC Operator Number: 100185 4. Contact Name: Cristi Cota-Smith
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3083
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4083
 City: DENVER State: CO Zip: 80202-

5. API Number 05-123-36853-00 6. County: WELD
 7. Well Name: State Well Number: 1D-16H
 8. Location: QtrQtr: SENE Section: 16 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 1583 feet Direction: FNL Distance: 465 feet Direction: FEL
 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.: 1195 feet. Direction: FNL Dist.: 774 feet. Direction: FWL
 Sec: 16 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 1195 feet. Direction: FNL Dist.: 774 feet. Direction: FWL
 Sec: 16 Twp: 3N Rng: 68W

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 1392

12. Spud Date: (when the 1st bit hit the dirt) 03/18/2013 13. Date TD: 05/17/2013 14. Date Casing Set or D&A: 06/01/2013

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

16. Total Depth MD 7686 TVD** 7161 17 Plug Back Total Depth MD 6200 TVD** 6145

18. Elevations GR 5026 KB 5039
 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:
Gamma

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
CONDUCTOR	18	16		0	105	0	0	105	CALC
SURF	12+1/4	9+5/8		0	833	333	0	833	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		372	6,831	7,686
	1ST		372	6,135	6,931

Details of work:

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	
SHARON SPRINGS	7,120	7,249	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,250	7,440	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This is an abandoned wellbore. A cement plug was set and a sidetrack was kicked off above the cement plug. Directional footage at Top of Prod Zone: listed the same as Directional Footage at BHL - no production from this wellbore, only from sidetrack
GPS Data is pending - will send when we have the data.

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

Signed: _____

Print Name: Cristi L. Cota-Smith

Title: Permitting Analyst

Date: _____

Email: cristi.cota-smith@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400440713	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400440709	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>			
400440708	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400440712	LAS-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)