

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:

400460769

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: Sheilla Reed-High
2. Name of Operator: ENCANA OIL & GAS (USA) INC	Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700	Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-	

5. API Number 05-123-35881-00	6. County: WELD
7. Well Name: lone	Well Number: 1E-8H
8. Location: QtrQtr: NENE Section: 8 Township: 2N Range: 66W Meridian: 6	
Footage at surface: Distance: 227 feet Direction: FNL	Distance: 1267 feet Direction: FEL
As Drilled Latitude: 40.159223	As Drilled Longitude: -104.796208

GPS Data:

Data of Measurement: 01/03/2013 PDOP Reading: 2.3 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 518 feet. Direction: FNL Dist.: 2324 feet. Direction: FEL

Sec: 8 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 500 feet. Direction: FSL Dist.: 2314 feet. Direction: FEL

Sec: 8 Twp: 2N Rng: 66W

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) 09/16/2012	13. Date TD: 09/28/2012	14. Date Casing Set or D&A: 09/29/2012
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15. Well Classification:

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

16. Total Depth MD 11788 TVD** 7218	17 Plug Back Total Depth MD 11771 TVD** 7218
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18. Elevations GR 4904 KB 4917	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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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
CONDUCTOR	30+0/0	16+0/0		0	80			80	CALC
SURF	12+1/4	9+5/8		0	881	349	0	881	CALC
1ST	8+3/4	7+0/0		0	7,523	625	0	7,535	CBL
2ND	6+1/8	4+1/2		0	11,776	330	7,023	11,778	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:

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	7,216		<input type="checkbox"/>	<input type="checkbox"/>	B Chalk - 7449' B Marl 7535'
NIOBRARA	7,355		<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: Sheilla Reed-High

Title: Drilling and Compl. Tech. Date: _____ Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400460918	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400460813	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>					
400460810	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400460950	DIRECTIONAL DATA	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)