

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



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Document Number:

400466653

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: 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 05-123-10056-00

6. County: WELD

7. Well Name: IONE

Well Number: 13

8. Location: QtrQtr: SESE Section: 2 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 1320 feet Direction: FSL Distance: 1320 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data 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:

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) 10/21/1980 13. Date TD: 10/30/1980 14. Date Casing Set or D&A: 06/13/1981

15. Well Classification:

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

16. Total Depth MD 8094 TVD** 17 Plug Back Total Depth MD 8048 TVD**

18. Elevations GR 5053 KB 5064

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:

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	229	200	0	200	VISU
1ST	7+7/8	4+1/2	10.5	0	8,094	300	7,080	8,094	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/08/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,055	200	6,045	7,055
SQUEEZE	1ST	950	150	888	980

Details of work:

Shot squeeze holes @ 7055. Pkr set @ 6643', 411' above perf holes. Pump 200 sx cmt. Top of cement calculated @ 6045'.

Set RBP @ 1216'. Pump 5 sx Class G Neat. Mixing pump broke down. Flush w/20 bbls. Pump 145 sx. Left 400' in csg. Drill out 364' to 970'. Circ hole clean. Pressure test. Release RBP. Run CBL from 6740' to surf. Set tbq @ 7246.50 7/18/13.

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	
			<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: _____ Email: jane.washburn@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400467489	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
400466761	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400466765	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)