

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

Document Number:

400468053

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 05-103-11919-00

6. County: RIO BLANCO

7. Well Name: POWELL DV

Well Number: 8B-23 H23 4101

8. Location: QtrQtr: SENE Section: 23 Township: 4S Range: 101W Meridian: 6

Footage at surface: Distance: 1617 feet Direction: FNL Distance: 1126 feet Direction: FEL

As Drilled Latitude: 39.688768 As Drilled Longitude: -108.692524

GPS Data:

Date of Measurement: 06/20/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 1844 feet. Direction: FNL Dist.: 1236 feet. Direction: FEL

Sec: 23 Twp: 4S Rng: 101W

** If directional footage at Bottom Hole Dist.: 1844 feet. Direction: FNL Dist.: 1236 feet. Direction: FEL

Sec: 23 Twp: 4S Rng: 101W

9. Field Name: TRAIL CANYON

10. Field Number: 83820

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/23/2012 13. Date TD: 06/05/2012 14. Date Casing Set or D&A: 06/06/2012

15. Well Classification:

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

16. Total Depth MD 6090 TVD** 6072 17 Plug Back Total Depth MD 6025 TVD** 6007

18. Elevations GR 6752 KB 6782

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:

Cement, Gamma Ray Attached

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	20		0	120	12	0	120	CALC
SURF	12+1/4	9+5/8	36	0	836	222	0	836	CALC
1ST	8+3/4	4+1/2	11.6	0	6,072	489		6,072	

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	
CASTLEGATE	2,467	3,372	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS B	3,373	3,826	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	3,827	5,807	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	5,808	6,033	<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	6,034	6,090	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Footage at Top of Prod. Zone is listed the same as the footage at Bottom Hole since this well was not completed and is not producing.

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>					
400468170	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400468103	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"/>
400468176	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400468055	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400468105	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400468156	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400468157	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400468164	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)