

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:

400484905

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 &amp; 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 05-123-32894-00

6. County: WELD

7. Well Name: Rasmussen

Well Number: 11-28

8. Location: QtrQtr: SENW Section: 28 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 1962 feet Direction: FNL Distance: 1770 feet Direction: FWL

As Drilled Latitude: 40.111510 As Drilled Longitude: -105.011355

## GPS Data:

Data of Measurement: 05/09/2013 PDOP Reading: 3.2 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 556 feet. Direction: FNL Dist.: 723 feet. Direction: FWL

Sec: 28 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 555 feet. Direction: FNL Dist.: 724 feet. Direction: FWL

Sec: 28 Twp: 2N Rng: 68W

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) 03/24/2013 13. Date TD: 03/27/2013 14. Date Casing Set or D&amp;A: 03/28/2013

## 15. Well Classification:

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

16. Total Depth MD 8446 TVD\*\* 8135 17 Plug Back Total Depth MD 8384 TVD\*\* 8073

18. Elevations GR 4935 KB 4948

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	838	325	0	848	CALC
1ST	7+7/8	4+1/2	11.6	0	8,424	690	4,098	8,446	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,568		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,554		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,854		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,286		<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: 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>		
400484924	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400484911	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"/>
400484916	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400484908	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400484930	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)