

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



DE ET OE ES

Document Number:

400501020

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: Kelly Hamden  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5185  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6185  
City: DENVER State: CO Zip: 80202-

5. API Number 05-123-36091-00 6. County: WELD  
7. Well Name: IONE Well Number: 2B-2H  
8. Location: QtrQtr: NENW Section: 2 Township: 2N Range: 66W Meridian: 6  
Footage at surface: Distance: 509 feet Direction: FNL Distance: 1380 feet Direction: FWL  
As Drilled Latitude: 40.173126 As Drilled Longitude: -104.748838

GPS Data:

Data of Measurement: 07/18/2013 PDOP Reading: 3.7 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 825 feet. Direction: FNL Dist.: 821 feet. Direction: FWL

Sec: 2 Twp: 2N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 554 feet. Direction: FSL Dist.: 672 feet. Direction: FWL

Sec: 2 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) 04/13/2013 13. Date TD: 04/23/2013 14. Date Casing Set or D&A: 04/24/2013

15. Well Classification:

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

16. Total Depth MD 11850 TVD\*\* 7495 17 Plug Back Total Depth MD 11831 TVD\*\* 7476

18. Elevations GR 5046 KB 5059

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 Ray logs

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	17+1/2	16	84.0	0	96	0	0	96	CALC
SURF	12+1/4	9+5/8	40.0	0	1,002	360	0	1,012	CALC
1ST	8+3/4	7	26.0	0	7,872	615	0	7,872	CALC
2ND	6+1/8	4+1/2	13.5	0	11,834	285	7,193	11,850	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	7,211		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,217		<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: Kelly Hamden

Title: Permitting Analyst Date: \_\_\_\_\_ Email: Kelly.Hamden@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400501106	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400501097	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"/>
400501043	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400501040	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400501101	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)