

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:
400508689

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) 978-3083
 3. Address: 370 17TH ST STE 1700 Fax: (720) 978-4083
 City: DENVER State: CO Zip: 80202-

5. API Number 05-123-36801-00 6. County: WELD
 7. Well Name: JO Farms Well Number: 0-4-17
 8. Location: QtrQtr: SWNW Section: 17 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 1684 feet Direction: FNL Distance: 260 feet Direction: FWL
 As Drilled Latitude: 40.228358 As Drilled Longitude: -105.035477

GPS Data:
 Date of Measurement: 11/07/2013 PDOP Reading: 3.5 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 2573 feet. Direction: FSL Dist.: 123 feet. Direction: FEL
 Sec: 18 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2565 feet. Direction: FSL Dist.: 134 feet. Direction: FEL
 Sec: 18 Twp: 3N 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) 08/20/2013 13. Date TD: 08/24/2013 14. Date Casing Set or D&A: 08/25/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7960 TVD** 7807 17 Plug Back Total Depth MD 7918 TVD** 7765

18. Elevations GR 5113 KB 5126 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 Bond Log
 BHC Sonic, Gamma Ray, Caliper
 High Resolution Induction, Compensation Density, Compensated Neutron

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	633	252	0	643	CALC
1ST	7+7/8	4+1/2	11.6	0	7,950	664	3,800	7,960	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	
CODELL			<input type="checkbox"/>	<input type="checkbox"/>	Faulted
SUSSEX	4,020		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,099		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,784		<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 ?	
Attachment Checklist			
400508727	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400508743	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"/>
Other Attachments			
400508699	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400508702	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400508703	PDF-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400508711	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400508713	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400508744	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)