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Document Number:  
400512473

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 05-123-33886-00 6. County: WELD  
 7. Well Name: North Rinn Well Number: 2-4-9  
 8. Location: QtrQtr: SWSW Section: 9 Township: 2N Range: 68W Meridian: 6  
 Footage at surface: Distance: 1180 feet Direction: FSL Distance: 1133 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
 Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: 2560 feet. Direction: FSL Dist.: 1366 feet. Direction: FWL  
 Sec: 9 Twp: 2N Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 2571 feet. Direction: FSL Dist.: 1375 feet. Direction: FWL  
 Sec: 9 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) 06/24/2013 13. Date TD: 07/30/2013 14. Date Casing Set or D&A: 08/01/2013

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

16. Total Depth MD 8198 TVD\*\* 7998 17 Plug Back Total Depth MD 8166 TVD\*\* 7966

18. Elevations GR 4866 KB 4879 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  
 Induction, Density, 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
CONDUCTOR	30	16	62	0	55	0	0	55	CALC
SURF	12+1/4	8+5/8	24	0	798	320	0	808	CALC
1ST	7+7/8	4+1/2	11.6	0	8,188	670	4,100	6,800	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	
SUSSEX	4,071		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,107		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,382		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,828		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As drilled lat/longs will be provided on the final form 5.

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 ?	
<b>Attachment Checklist</b>			
400512508	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400512507	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"/>
<b>Other Attachments</b>			
400512487	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400512490	PDF-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400512500	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400512510	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)