

**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:

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 &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 05-123-33886-00

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:

Data 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&amp;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-SmithTitle: Permitting Analyst Date: \_\_\_\_\_ Email: cristi.cota-smith@encana.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)