

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



DE ET OE ES

Document Number:

400507564

Date Received:

11/12/2013

## 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 &amp; GAS (USA) INC

Phone: (720) 876-5185

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-6186

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-36854-00

6. County: WELD

7. Well Name: State

Well Number: 1H-16H

8. Location: QtrQtr: SENE Section: 16 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 1623 feet Direction: FNL Distance: 466 feet Direction: FEL

As Drilled Latitude: 40.228792 As Drilled Longitude: -105.000246

## GPS Data:

Date of Measurement: 07/01/2013 PDOP Reading: 2.7 GPS Instrument Operator's Name: Pat Linderholm

\*\* If directional footage at Top of Prod. Zone Dist.: 2440 feet. Direction: FNL Dist.: 601 feet. Direction: FEL

Sec: 16 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2441 feet. Direction: FNL Dist.: 500 feet. Direction: FWL

Sec: 16 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) 03/22/2013 13. Date TD: 04/07/2013 14. Date Casing Set or D&amp;A: 04/09/2013

## 15. Well Classification:

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

16. Total Depth MD 11680 TVD\*\* 7044 17 Plug Back Total Depth MD 11667 TVD\*\* 7031

18. Elevations GR 5016 KB 5040

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:

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	105	0	0	105	CALC
SURF	12+1/4	9+5/8	40.0	0	836	297	0	846	CALC
1ST	8+3/4	7	26.0	0	7,518	614	0	7,518	CALC
2ND	6+1/8	4+1/2	13.5	0	11,670	0	6,980	11,670	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	7,160		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,275		<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: 11/12/2013 Email: Kelly.Hamden@encana.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400507636	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400507619	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"/>
400507624	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400507564	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400508828	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400514451	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400514459	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)