

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:

400508917

Date Received:

11/13/2013

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 & 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 05-123-36839-00 6. County: WELD
7. Well Name: MATHEWS Well Number: 4D-14H
8. Location: QtrQtr: SESE Section: 14 Township: 1N Range: 66W Meridian: 6
Footage at surface: Distance: 471 feet Direction: FSL Distance: 679 feet Direction: FEL
As Drilled Latitude: 40.045288 As Drilled Longitude: -104.737375

GPS Data:

Data of Measurement: 10/24/2013 PDOP Reading: 2.4 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 529 feet. Direction: FSL Dist.: 1320 feet. Direction: FEL

Sec: 14 Twp: 1N Rng: 66W

** If directional footage at Bottom Hole Dist.: 482 feet. Direction: FNL Dist.: 1297 feet. Direction: FEL

Sec: 14 Twp: 1N 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) 07/15/2013 13. Date TD: 07/27/2013 14. Date Casing Set or D&A: 07/29/2013

15. Well Classification:

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

16. Total Depth MD 12165 TVD** 7582 17 Plug Back Total Depth MD 12140 TVD** 7557

18. Elevations GR 5104 KB 5117

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:

CBL .pdf

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	18	16	62.64	0	90	0	0	90	CALC
SURF	12+1/4	9+5/8	40.0	0	1,402	488	0	1,402	CALC
1ST	8+3/4	7	26.0	0	7,880	592	0	7,880	CALC
2ND	6+1/8	4+1/2	13.5	0	12,144	310	7,880	12,144	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	7,253		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,278		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,557		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,882		<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: 11/13/2013 Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400508927	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400508925	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>					
400508917	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400508926	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400517912	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)