

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:

400522174

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: 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 05-123-37231-00

6. County: WELD

7. Well Name: Devore

Well Number: 1A-34H

8. Location: QtrQtr: NENE Section: 34 Township: 3N Range: 66W Meridian: 6

Footage at surface: Distance: 251 feet Direction: FNL Distance: 1382 feet Direction: FEL

As Drilled Latitude: 40.188220 As Drilled Longitude: -104.758710

GPS Data:

Data of Measurement: 01/16/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: John Rice

\*\* If directional footage at Top of Prod. Zone Dist.: 766 feet. Direction: FNL Dist.: 2637 feet. Direction: FEL

Sec: 34 Twp: 3N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 460 feet. Direction: FSL Dist.: 2550 feet. Direction: FEL

Sec: 34 Twp: 3N 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) 10/16/2013 13. Date TD: 10/25/2013 14. Date Casing Set or D&A: 10/27/2013

15. Well Classification:

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

16. Total Depth MD 11977 TVD\*\* 7414 17 Plug Back Total Depth MD 11958 TVD\*\* 11959

18. Elevations GR 4962 KB 4992

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 and Gamma Ray

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	20	16	84.0	0	119	0	0	119	CALC
SURF	12+1/4	9+5/8	40.0	0	1,035	398	0	1,047	CALC
1ST	8+3/4	7	26.0	0	7,881	660	0	7,894	CALC
2ND	6+1/8	4+1/2	13.5	0	11,961	360	6,881	11,977	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well is waiting on completion; thus, the Top of the Production Zone and Bottom Hole locations are the permitted locations. The remaining information will be reported on the Final Drilling Report.

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: \_\_\_\_\_ Email: Kelly.Hamden@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400522484	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400522481	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>					
400522471	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400522477	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400522479	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400522483	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)