

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:

400504197

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH ST STE 1700
City: DENVER State: CO Zip: 80202-
4. Contact Name: Kelly Hamden
Phone: (720) 876-5185
Fax: (720) 876-6185

5. API Number 05-103-11886-00
6. County: RIO BLANCO
7. Well Name: CBU
Well Number: DHN8B-1 A112100
8. Location: QtrQtr: NENE Section: 11 Township: 2S Range: 100W Meridian: 6
Footage at surface: Distance: 1169 feet Direction: FNL Distance: 1061 feet Direction: FEL
As Drilled Latitude: 39.894433 As Drilled Longitude: -108.578691

GPS Data:
Date of Measurement: 06/26/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brandon Birdsall

** If directional footage at Top of Prod. Zone Dist.: 480 feet. Direction: FNL Dist.: 769 feet. Direction: FEL
Sec: 11 Twp: 2S Rng: 100W
** If directional footage at Bottom Hole Dist.: 1360 feet. Direction: FNL Dist.: 1100 feet. Direction: FWL
Sec: 11 Twp: 2S Rng: 100W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: COC-56840

12. Spud Date: (when the 1st bit hit the dirt) 07/05/2013 13. Date TD: 08/23/2013 14. Date Casing Set or D&A: 08/23/2013

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

16. Total Depth MD 14884 TVD** 10770 17 Plug Back Total Depth MD 14833 TVD** 10719

18. Elevations GR 7940 KB 7970
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, Mud logs

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	20	52.78	0	120	91	0	120	CALC
SURF	17+1/2	10+3/4	40.50	0	2,550	616	0	2,550	CALC
1ST	9+7/8	7+5/8	26.40	0	8,001	874	0	8,010	CALC
2ND	6+1/2	5	23.11	0	14,859	528	9,260	14,859	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	
WILLIAMS FORK	3,594	6,226	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,227	7,308	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	7,309	14,883	<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: _____

Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400517059	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400517056	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"/>
400504207	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400504197	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517057	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517061	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517062	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400517063	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522049	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400522050	LAS-CEMENT BOND	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)