

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:

400530049

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 05-123-37045-00 6. County: WELD  
7. Well Name: Qualls Well Number: 3G-28H  
8. Location: QtrQtr: SWSW Section: 28 Township: 3N Range: 68W Meridian: 6  
Footage at surface: Distance: 762 feet Direction: FSL Distance: 281 feet Direction: FWL  
As Drilled Latitude: 40.191513 As Drilled Longitude: -105.016350

GPS Data:

Data of Measurement: 12/19/2013 PDOP Reading: 3.2 GPS Instrument Operator's Name: Scott Downey

\*\* If directional footage at Top of Prod. Zone Dist.: 96 feet. Direction: FSL Dist.: 324 feet. Direction: FWL

Sec: 28 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 38 feet. Direction: FSL Dist.: 494 feet. Direction: FWL

Sec: 28 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) 07/03/2013 13. Date TD: 10/06/2013 14. Date Casing Set or D&A: 10/09/2013

15. Well Classification:

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

16. Total Depth MD 11555 TVD\*\* 7195 17 Plug Back Total Depth MD 11530 TVD\*\* 7170

18. Elevations GR 4957 KB 4981

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, MWD

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	16	16	65.0	0	105	0	0	105	CALC
SURF	12+1/4	9+5/8	40.0	0	837	369	0	850	CALC
1ST	8+3/4	7	26.0	0	6,994	302	0	7,010	CALC
2ND	6+1/8	4+1/2	13.5	0	11,534	415	7,010	11,555	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	6,814		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,942		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,409		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,486		<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 ?			
<u>Attachment Checklist</u>					
400530103	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400530101	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>					
400530053	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400530064	PDF-Measurement/Logging While Drilling	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400530099	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400530102	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)