

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



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Document Number:

400543809

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: JENNIFER LIND

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-5890

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-37758-00

6. County: WELD

7. Well Name: Rodman Bruntz

Well Number: 2D-26H

8. Location: QtrQtr: NENW Section: 26 Township: 2N Range: 66W Meridian: 6

Footage at surface: Distance: 572 feet Direction: FNL Distance: 2067 feet Direction: FWL

As Drilled Latitude: 40.114902 As Drilled Longitude: -104.746583

GPS Data:

Data of Measurement: 01/24/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: S. DOWNEY

** If directional footage at Top of Prod. Zone Dist.: 585 feet. Direction: FNL Dist.: 2124 feet. Direction: FWL

Sec: 26 Twp: 2N Rng: 66W

** If directional footage at Bottom Hole Dist.: 2078 feet. Direction: FNL Dist.: 1892 feet. Direction: FWL

Sec: 35 Twp: 2N 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) 11/01/2013 13. Date TD: 11/12/2013 14. Date Casing Set or D&A: 10/29/2013

15. Well Classification:

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

16. Total Depth MD 14697 TVD** 7552 17 Plug Back Total Depth MD 14677 TVD** 7262

18. Elevations GR 5085 KB 5098

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:

MWD, CBL

Open hole logs were run on the Rodman Bruntz 21-26 (API 05-123-21586, NENW-Sec.26-T2N-R66W) which satisfies the COGCC request of open hole log data in a quarter-quarter section where none previously existed.

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	16	65	0	97	432	0	97	CALC
SURF	12+1/4	9+8/5	40	0	1,241	486	0	1,241	CALC
1ST	8+3/4	7	26	0	7,929	650	0	7,939	CALC
2ND	6+1/8	4+1/2	13.5	6929	14,681	514	6,929	14,697	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	
SUSSEX	4,786		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,361		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,777		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,333		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,410		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,732		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,822		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Drilling operations have been completed on this well. The well is not able to be completed at this time due to completion rig schedules. The final form 5A will be submitted at the time the well is completed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JENNIFER LIND

Title: REGULATORY ANALYST Date: _____ Email: JENNIFER.LIND@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400547147	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400548594	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>		
400548585	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548587	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548590	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548595	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548596	PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548597	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400548599	LAS-CBL 1ST RUN	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)