

Document Number:
400609344

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: Bonnie Lamond
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5156
 3. Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

5. API Number 05-123-26561-00 6. County: WELD
 7. Well Name: GEIST Well Number: 4-2-32
 8. Location: QtrQtr: SWNW Section: 32 Township: 3N Range: 67W Meridian: 6
 Footage at surface: Distance: 1586 feet Direction: FNL Distance: 1229 feet Direction: FWL
 As Drilled Latitude: 40.185347 As Drilled Longitude: -104.918932

GPS Data:
 Date of Measurement: 02/08/2008 PDOP Reading: 2.7 GPS Instrument Operator's Name: C. Clark

** If directional footage at Top of Prod. Zone Dist.: 1395 feet. Direction: FNL Dist.: 2537 feet. Direction: FWL
 Sec: 32 Twp: 3N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 1373 feet. Direction: FNL Dist.: 2549 feet. Direction: FWL
 Sec: 32 Twp: 3N Rng: 67W

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) 01/16/2008 13. Date TD: 01/25/2008 14. Date Casing Set or D&A: 01/26/2008

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

16. Total Depth MD 8063 TVD** 7885 17 Plug Back Total Depth MD 8020 TVD** 7842

18. Elevations GR 4802 KB 4817 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:

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
SURF	12+1/4	8+5/8	26	0	723	380	0	723	CALC
1ST	7+7/8	4+1/2	11.6	0	8,063	250	6,565	8,063	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/22/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	4,070	395	600	1,230

Details of work:

TOH w/ 249 jts tbg. Set RBP @ 4070'. Pressure test csg and plug to 500 lbs. One sack sand on RBP. Un-land csg and RIH w/1 1/4" tubing to 1200'. Pump 260 sx cmt, LD tbg. Run CBL from 1500' to surface. Good cmt from 1230 - 600'. TIH w/1 1/4" and tag cmt @ 570'. Pump 135 sx and put in to surface. Release RBP and land tbg @ 7855'. Land tbg in hanger, ND BOPS, NU WH and RDMO.

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	4,228		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,782		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,227		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,432		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,878		<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: Bonnie Lamond

Title: Regulatory Analyst Date: _____ Email: bonnie.lamond@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400610626	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
Other Attachments			
400609486	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400610634	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)