

Document Number:
400728306

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

OGCC Operator Number: 100185 Contact Name: Toby Sachen
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5845
 Address: 370 17TH ST STE 1700 Fax: _____
 City: DENVER State: CO Zip: 80202-

API Number 05-123-38002-00 County: WELD
 Well Name: JILLSON-EAST RINN Well Number: 3G-22H-N268
 Location: QtrQtr: SESW Section: 22 Township: 2n Range: 68w Meridian: 6
 Footage at surface: Distance: 261 feet Direction: FSL Distance: 2090 feet Direction: FWL
 As Drilled Latitude: 40.117592 As Drilled Longitude: -104.991312

GPS Data:
 Date of Measurement: 10/02/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Chris Bettencourt

** If directional footage at Top of Prod. Zone Dist.: 719 feet. Direction: FSL Dist.: 1447 feet. Direction: FWL
 Sec: 22 Twp: 2n Rng: 68w
 ** If directional footage at Bottom Hole Dist.: 2417 feet. Direction: FSL Dist.: 1463 feet. Direction: FWL
 Sec: 22 Twp: 2n Rng: 68w

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/12/2014 Date TD: 08/08/2014 Date Casing Set or D&A: 08/10/2014
 Rig Release Date: 10/13/2014 Per Rule 308A.b.

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

Total Depth MD 14890 TVD** 7448 Plug Back Total Depth MD 14879 TVD** 7448
 Elevations GR 4975 KB 5000 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD, Induction log

CASING, LINER AND CEMENT

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	30	0	107	114	0	107	
SURF	12+1/4	9+5/8	40	0	862	352	0	862	
1ST	8+3/4	7	26	0	7,863	678	0	7,863	
2ND	6+1/8	4+1/2	13.5	0	14,881	557	6,863	14,881	

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	7,322				
NIOBRARA	7,441				

Comment:

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

Signed: _____ Print Name: Toby Sachen

Title: Regulatory Analyst Date: _____ Email: toby.sachen@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400740432	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400740430	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"/>
Other Attachments			
400740424	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740426	LAS-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740427	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740428	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740429	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740434	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400740829	PDF-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)