

**FORM
5**Rev
09/14**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

400727724

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: Bonnie Lamond

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

Phone: (720) 876-5156

Address: 370 17TH ST STE 1700

Fax:

City: DENVER

State: CO

Zip: 80202-

API Number 05-123-37588-00

County: WELD

Well Name: Drieth

Well Number: 1C-6H-A368

Location: QtrQtr: NENE Section: 6 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 696 feet Direction: FNL Distance: 434 feet Direction: FEL

As Drilled Latitude: 40.260128 As Drilled Longitude: -105.038149

GPS Data:

Date of Measurement: 12/10/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: JR McGehee

** If directional footage at Top of Prod. Zone Dist.: 833 feet. Direction: FNL Dist.: 596 feet. Direction: FEL

Sec: 6 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 752 feet. Direction: FNL Dist.: 489 feet. Direction: FWL

Sec: 6 Twp: 3N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/18/2014 Date TD: 09/22/2014 Date Casing Set or D&A: 09/23/2014

Rig Release Date: 10/15/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11422 TVD** 7037 Plug Back Total Depth MD 11401 TVD** 7036

Elevations GR 5087 KB 5100 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Encana Oil and Gas was granted permission for the omission of open-hole logs for the subject well—sufficient data from a nearby well met state requirements.

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	65	0	93	128	0	93	
SURF	12+1/4	9+5/8	40	0	852	290	0	852	
1ST	8+3/4	7	26	0	7,570	645	0	7,570	
2ND	6+1/8	4+1/2	13.5	0	11,403	320	6,550	11,403	

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	
FOX HILLS BASE	370				
SUSSEX	3,910				
NIOBRARA-SHANNON	4,387				
TEEPEE BUTTES	6,083				
SHARON SPRINGS	7,056				
NIOBRARA	7,150				

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 ?	
<u>Attachment Checklist</u>			
400749889	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400749888	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>			
400749871	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400749879	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400749890	DIRECTIONAL DATA	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)