

FORM
5Rev
09/14

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:

400750230

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: Kelly Hamden

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

Phone: (720) 876-5185

Address: 370 17TH ST STE 1700

Fax: (720) 876-6185

City: DENVER

State: CO

Zip: 80202-

API Number 05-123-37782-00

County: WELD

Well Name: VOGL-MCCOY

Well Number: 2G-5H-F267

Location: QtrQtr: SENW Section: 5 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 2597 feet Direction: FNL Distance: 2383 feet Direction: FWL

As Drilled Latitude: 40.168109 As Drilled Longitude: -104.914995

GPS Data:

Date of Measurement: 10/24/2014 PDOP Reading: 2.7 GPS Instrument Operator's Name: scott@tmlinelocators.co

** If directional footage at Top of Prod. Zone Dist.: 2921 feet. Direction: FNL Dist.: 2534 feet. Direction: FWL

Sec: 5 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FSL Dist.: 2161 feet. Direction: FWL

Sec: 8 Twp: 2N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/31/2014 Date TD: 03/30/2014 Date Casing Set or D&A: 03/30/2014

Rig Release Date: 09/10/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 14906 TVD** 7166 Plug Back Total Depth MD 14736 TVD** 6996

Elevations GR 4859 KB 4884 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MWD logs

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	0	108	432	0	108	CALC
SURF	12+1/4	9+5/8	40.0	0	852	325	0	867	CALC
1ST	8+3/4	7	26.0	0	7,416	608	0	7,430	CALC
2ND	6+1/8	4+1/2	13.5	0	14,790	560	6,416	14,805	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:

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	7,067	7,179			
NIOBRARA	7,180	14,805			

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 HamdenTitle: Regulatory Analyst Date: _____ Email: Kelly.Hamden@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400750600	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400750615	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

400750618	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400750634	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400750655	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400750659	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400750673	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)