

DRILLING COMPLETION REPORT

Document Number:
400751045

Date Received:

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 05-123-37632-00 County: WELD
 Well Name: Drieth Well Number: 4A-6H-I368
 Location: QtrQtr: NESE Section: 6 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 2435 feet Direction: FSL Distance: 560 feet Direction: FEL
 As Drilled Latitude: 40.254217 As Drilled Longitude: -105.038556

GPS Data:
 Date of Measurement: 12/04/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: JR McGehee

** If directional footage at Top of Prod. Zone Dist.: 1897 feet. Direction: FNL Dist.: 551 feet. Direction: FEL
 Sec: 6 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1827 feet. Direction: FNL Dist.: 503 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) 09/10/2014 Date TD: 09/18/2014 Date Casing Set or D&A: 09/19/2014
 Rig Release Date: 11/13/2014 Per Rule 308A.b.

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

Total Depth MD 11720 TVD** 7247 Plug Back Total Depth MD 11707 TVD** 7247

Elevations GR 5110 KB 5140 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 CBL, MWD. An open hole log omission exception was granted for this pad.

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	110	114	0	114	CALC
SURF	12+1/4	9+5/8	36	0	870	295	0	870	CALC
1ST	8+3/4	7	26	0	7,600	631	0	7,600	CALC
2ND	6+1/8	4+1/2	13.5	0	11,710	406	5,600	11,710	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	
FOX HILLS BASE	370				
SUSSEX	3,910				
SHANNON	4,387				
TEEPEE BUTTES	6,083				
SHARON SPRINGS	6,998				
NIOBRARA	7,059				
FORT HAYS	7,293				
CODELL	7,306				

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			
400761816	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400761822	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			
400761825	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400761828	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400761845	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400761848	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)