

DRILLING COMPLETION REPORT

Document Number:
400751051

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 05-123-37613-00 County: WELD
 Well Name: Drieth Well Number: 4D-6H-I368
 Location: QtrQtr: NESE Section: 6 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 2405 feet Direction: FSL Distance: 560 feet Direction: FEL
 As Drilled Latitude: 40.254135 As Drilled Longitude: -105.038555

GPS Data:
 Date of Measurement: 12/04/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: JR McGehee

** If directional footage at Top of Prod. Zone Dist.: 2400 feet. Direction: FSL Dist.: 714 feet. Direction: FEL
 Sec: 6 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2489 feet. Direction: FSL Dist.: 502 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) 09/08/2014 Date TD: 10/14/2014 Date Casing Set or D&A: 10/15/2014
 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 11477 TVD** 7065 Plug Back Total Depth MD 11465 TVD** 7064

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	110	
SURF	12+1/4	9+5/8	40	0	880	296	0	880	
1ST	8+3/4	7	26	0	7,520	617	0	7,520	
2ND	6+1/8	4+1/2	13.5	0	11,477	397	5,510	11,477	

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	7,000				
NIOBRARA	7,049				

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			
400768955	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400768959	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			
400768937	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768941	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768945	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768961	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)