

Document Number:
400751046

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 05-123-37614-00 County: WELD
 Well Name: Drieth Well Number: 4B-6H-I368
 Location: QtrQtr: NESE Section: 6 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 2425 feet Direction: FSL Distance: 560 feet Direction: FEL
 As Drilled Latitude: 40.254190 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.: 2221 feet. Direction: FNL Dist.: 799 feet. Direction: FEL
 Sec: 6 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2141 feet. Direction: FNL Dist.: 490 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: 09/26/2014 Date Casing Set or D&A: 09/27/2014
 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 11492 TVD** 7011 Plug Back Total Depth MD 11481 TVD** 7011
 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	292	0	870	
1ST	8+3/4	7	26	0	7,615	616	0	7,615	
2ND	6+1/8	4+1/2	13.5	0	11,483	389	5,605	11,483	

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	7,002				
NIOBRARA	7,050				

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			
400768816	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400768821	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			
400768801	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768807	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768809	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400768822	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)