

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:

400786591

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: Toby Sachen

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

Phone: (720) 876-5845

Address: 370 17TH ST STE 1700

Fax:

City: DENVER

State: CO

Zip: 80202-

API Number 05-123-10491-00

County: WELD

Well Name: GRENEMEYER E UNIT

Well Number: 1

Location: QtrQtr: NESE Section: 26 Township: 1N Range: 67W Meridian: 6

Footage at surface: Distance: 1500 feet Direction: FSL Distance: 1010 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/10/1997 Date TD: Date Casing Set or D&A:

Rig Release Date: 06/06/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8310 TVD** Plug Back Total Depth MD 8290 TVD**

Elevations GR 4997 KB 5006 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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
SURF	12+1/4	9+5/8	24	0					

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/27/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,270	200		

Details of work:

Grenemyer E Unit 1 Post-Job Summary – Remediation/P&A

RBP set @ 7645', top w/2 sx sand. Shoot squeeze holes above top of cement @ 7270'. Set CICR @ 7232'. Stung into CICR and pumped 200 sx cmt. Un-stung from CICR and unable to reverse out or POOH with tbg.

Tagged fill in tubing @ 5383'. Chemical cut @ 5383' and lost tools. Run free point tool showing 100% free @ 3050'. Run CBL. 100% bond from 3075-5200' behind tbg.

Chemical cut tbg @ 3060'. Cleaned down to 3156'. Fish in hole (work string) @3156' to ~7000'

P&A starts 10/22. Perforate squeeze holes @ 3040'. Set CICR @ 3010'. Pump 100 sx cmt and spot 15 sx on top of CICR. Set CIBP @ 1270'. Shoot squeeze holes @ 1260'.

Unable to establish injection. Had to reperf @ 1165' and again @ 1060'. Still unable to establish circulation.

Unland prod csg and install new SH. NU annular equipment & BOPs. RIH w/mule shoe on 11 Jts 1-1/4" CS Hyd.tbg to 350'. Circ and cond. Continue To Clean Down To 600'. Wash Down Thru Shale/ Mud To 750' & Fell Thru To 1,286'. Circ and cond hole for cmt; LD 1-1/4" tbg w/mule shoe. ND BOPs & WH. Reland prod csg. Pump 462 sx cmt.

RIH w/string to tag tops. Annulus 20', prod csg 200'. Cut csg 6' below GL. Top off cmt w/20 sx. Weld on DH marker plate.

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	

Comment:

1000 gal of An-Gel was pumped through the sleeve dated 1-24-83.

Tagged 20'/200' down in annulus and production casing, respectively. Topped off production casing with 20 sxs Class G cement.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Toby Sachen

Title: Regulatory Analyst

Date: _____

Email: toby.sachen@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400944096	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400786605	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400948603	WELLBORE DIAGRAM	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)