

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400323639

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

1. OGCC Operator Number: 100185

4. Contact Name: Sheilla Reed-High

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

Phone: (720) 876-678

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4678

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-32542-00

6. County: WELD

7. Well Name: ANDERSON

Well Number: 32-32

8. Location: QtrQtr: NENE Section: 32 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 1016 feet Direction: FNL Distance: 1019 feet Direction: FEL

As Drilled Latitude: 40.099512 As Drilled Longitude: -105.021378

GPS Data:

Data of Measurement: 08/15/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Pat Linderholm

** If directional footage at Top of Prod. Zone Dist.: 1927 feet. Direction: FNL Dist.: 2020 feet. Direction: FEL

Sec: 32 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1919 feet. Direction: FNL Dist.: 2033 feet. Direction: FEL

Sec: 32 Twp: 2N Rng: 68W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/15/2012 13. Date TD: 05/19/2012 14. Date Casing Set or D&A: 05/23/2012

15. Well Classification:

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

16. Total Depth MD 8212 TVD** 8006 17 Plug Back Total Depth MD 7980 TVD** 7774

18. Elevations GR 4950 KB 4963

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+/-25	8.625		0	838	320	0	850	CALC
1ST	7+/-875	4.5		0	7,938	763	3,090	7,950	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:					

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,529		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,494		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,801		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Open hole interval from 7950'- 8212' was abandoned because a fish consisting of a 6' jt. and full jt. of 2-3/8" tbg., 6 - 2-7/8" drill collars, bit sub and bit was left behind (top of fish at 7980')

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

Signed: _____ Print Name: Sheilla Reed-High

Title: Drilling and Compl. Tech.

Date:

Email: sheilla.reedhigh@Encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400323648	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400323649	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"/>
<u>Other Attachments</u>		
400323655	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400323656	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)