

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:

400503609

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: Bonnie Lamond

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

Phone: (720) 876-5156

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-09833-00

6. County: WELD

7. Well Name: BILLINGS

Well Number: 1

8. Location: QtrQtr: NENE Section: 34 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 1000 feet Direction: FNL Distance: 1080 feet Direction: FEL

As Drilled Latitude: 40.099519 As Drilled Longitude: -104.983714

GPS Data:

Data of Measurement: 11/10/1979 PDOP Reading: 2.0 GPS Instrument Operator's Name: Powers Elevation

** 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:

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) 11/24/1979 13. Date TD: 12/03/1979 14. Date Casing Set or D&A: 08/13/1981

15. Well Classification:

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

16. Total Depth MD 8250 TVD** 17 Plug Back Total Depth MD 8213 TVD**

18. Elevations GR 4995 KB 5005

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:

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+1/4	8+5/8	24	0	526	360	0	526	CBL
1ST	7+7/8	4+1/2	11.6	0	8,248	225	7,300	8,248	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	850	200	0	850
SQUEEZE	1ST	7,250	200	6,648	7,250

Details of work:

1. Set CIBP @ 7340'
2. Topped 2 sx of sand.
3. Perf @ 7250' with 4 spf.
4. Set PKR @ 6978' and pump 200 sx cmt.
5. Unland 4-1/2" production casing.
6. RIH down 4-1/2" by 8-5/8" annulus with 1-1/4" tubing to 850'.
7. Establish circulation and pump 200 sxs of class G neat cement, taking returns up annulus to surface.
8. Reland 4-1/2" casing
9. Drilled out 236' hard cement. RIH and tag @ 7330 - circulate hole clean.
10. Pressure test squeeze to 500psi
11. Run CBL to 7322' log up to surface. Btm cmt top @ 6648' and cmt from 850' to surface
12. Landed tubing in hanger w/ EOT @ 8097' and 18' above JSND perfs

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

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: Permitting Analyst Date: _____ Email: bonnie.lamond@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400505488	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505278	Core Analysis	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400505227	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400505285	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)