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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:
 Date 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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)