

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



DE ET OE ES

Document Number:

400571396

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: Erin Lind

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

Phone: (720) 876-5827

3. Address: 370 17TH ST STE 1700

Fax:

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-37106-00

6. County: WELD

7. Well Name: Billings

Well Number: 1A-34H

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

Footage at surface: Distance: 256 feet Direction: FNL Distance: 1610 feet Direction: FEL

As Drilled Latitude: 40.101589 As Drilled Longitude: -104.985638

## GPS Data:

Data of Measurement: 01/14/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: MCGEHEE

\*\* If directional footage at Top of Prod. Zone Dist.: 510 feet. Direction: FNL Dist.: 2381 feet. Direction: FEL

Sec: 34 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 455 feet. Direction: FSL Dist.: 2397 feet. Direction: FEL

Sec: 34 Twp: 2N Rng: 66W

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) 10/14/2013 13. Date TD: 10/23/2013 14. Date Casing Set or D&amp;A: 10/24/2013

## 15. Well Classification:

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

16. Total Depth MD 12295 TVD\*\* 7736 17 Plug Back Total Depth MD 12263 TVD\*\* 7704

18. Elevations GR 4995 KB 5008

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, MWD (Gamma)

High resolution induction logs were run on the Billings 31-34, 05-123-29270, NENE-Sec.34-T2N-R68W, which satisfies the COGCC request of open hole log data in a quarter-quarter section where none previously existed.

## 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
CONDUCTOR	30	16	65	0	97	432	0	97	CALC
SURF	12+1/4	9+5/8	40	0	1,043	356	0	1,043	CALC
1ST	8+3/4	7	26	0	7,937	667	0	7,956	CALC
2ND	6+1/8	5	13.5	7956	12,266	355	6,937	12,295	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	4,444		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,999		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,590		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,364		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,454		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,895		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,966		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The toe valve was not fraced, frac work started at stg 2 ( the first set of 3 perforation clusters).  
The deepest perforation cluster is 75 ft above calculated BOC (bottom of cement) and 200 ft above SB with 75' cement for isolation.  
This is not a SB violation since mechanical isolation is present.

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

Signed: \_\_\_\_\_ Print Name: Erin Lind

Title: Permitting Analyst Date: \_\_\_\_\_ Email: erin.lind@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400571467	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400571463	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>		
400571442	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400571471	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400573860	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400573861	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400573862	LAS-Measurement/Logging While Drilling	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)