

**FORM**  
**5**  
Rev  
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:  
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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: Chris McRickard  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5586  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6584  
 City: DENVER State: CO Zip: 80202-

5. API Number 05-123-09758-00 6. County: WELD  
 7. Well Name: JILLSON GAS UNIT Well Number: 1  
 8. Location: QtrQtr: SESW Section: 22 Township: 2N Range: 68W Meridian: 6  
 Footage at surface: Distance: 990 feet Direction: FSL Distance: 1650 feet Direction: FWL  
 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: \_\_\_\_\_

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) 11/10/1979 13. Date TD: 11/18/1979 14. Date Casing Set or D&A: \_\_\_\_\_

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8140 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 8115 TVD\*\* \_\_\_\_\_

18. Elevations GR 4966 KB 4978 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	213	200	0	213	
1ST	7+7/8	4+1/2	10.5/11.6	0	8,144	225	6,540	8,140	

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 08/15/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	2ND	7,290	153	6,540	8,140

Details of work:

Jillson Gas Unit 1 Cement Remediation (8/7 – 8/15/2014) API# = 05-123-09758-0000  
 Post-Job Summary  
 POOH w/tbg. Set CIBP @ 7970'. Shoot squeeze holes @ 7290' and set CICR @ 7240'.  
 Shoot suicide holes 500' above CICR @ 6740'. Pump 153 sx Class G Cmt w/150' balance plug @ 6786' across suicide holes. Unland 4 1/2" csg. NU annular equipment.  
 TIH w/mule shoe on tbg to 4957'. Pump 90 sx "G" cmt; pull up 190' and pump 40 sx, pull up 190' and pump 40 sx, pull up an additional 90' and pump 40 sx. Pull up 190' and pump 90 sx. Est TOC 3507'. POOH to 700' and pump 175 sx "G" cmt to surface.  
 Re-land prod csg.  
 RIH and tag TOC @ 6540'. Drill out to 6820'. Drill out CICR @ 7240'.  
 Tag CIBP @ 7970'. POOH w/tbg. Run CBL from 7360' to surface. Drill out CIBP and push plug down to 8044'. Land tbg @ 7995'.

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	
J SAND	8,020	8,038	<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: Chris McRickard

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: chris.mcrickard@encana.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400688333	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400688348	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)