

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.

Document Number:
400799854

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 100185 Contact Name: Erin Lind

Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5827

Address: 370 17TH ST STE 1700 Fax: _____

City: DENVER State: CO Zip: 80202-

API Number 05-123-36982-00 County: WELD

Well Name: Billings Well Number: 3B-18H L368

Location: QtrQtr: NWSW Section: 18 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 1630 feet Direction: FSL Distance: 952 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.: 2228 feet. Direction: FSL Dist.: 879 feet. Direction: FWL
Sec: 18 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2151 feet. Direction: FSL Dist.: 2118 feet. Direction: FWL
Sec: 17 Twp: 3N Rng: 68W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/11/2014 Date TD: 10/31/2014 Date Casing Set or D&A: 11/01/2014

Rig Release Date: 12/30/2014 Per Rule 308A.b.

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

Total Depth MD 14105 TVD** 7329 Plug Back Total Depth MD 14034 TVD** 7329

Elevations GR 5155 KB 5185 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD. An open hole log omission request was granted for this pad.

CASING, LINER AND CEMENT

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	156	160	0	155	CALC
SURF	12+1/4	9+5/8	40	0	867	373	0	885	CALC
1ST	8+3/4	7	26	0	7,609	667	0	7,630	CALC
2ND	6+1/8	4+1/2	13.5	0	14,085	617	4,267	14,105	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	6,975				
NIOBRARA	7,047				
FORT HAYS	7,829				
CODELL	7,992				

Comment:

As-built coordinates were unable to be collected at this time due to the completions crew currently on site. These coordinates will be submitted via sundry as soon as possible.

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: Regulatory Analyst

Date: _____

Email: erin.lind@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400799919	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400799922	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"/>
Other Attachments			
400799891	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400799906	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400799912	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400799914	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400799923	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)