

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:

1276932

Date Received:

06/17/2004

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: 100160

4. Contact Name: SHEILLA REED-HIGH

2. Name of Operator: ENCANA ENERGY RESOURCES INC.

Phone: (720) 956-3678

3. Address: 370 17TH ST STE 1700

Fax: (720) 956-3600

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-22014-00

6. County: WELD

7. Well Name: BILLINGS

Well Number: 42-34

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

Footage at surface: Distance: 2135 feet Direction: FNL Distance: 604 feet Direction: FEL

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) 03/20/2004 13. Date TD: 03/24/2004 14. Date Casing Set or D&A: 04/01/2004

15. Well Classification:

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

16. Total Depth MD 8252 TVD** 17 Plug Back Total Depth MD 8238 TVD**

18. Elevations GR 4982 KB 4998

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, MICRO LOG, ARRAY INDUCTION, COMPENSATED NEUTRON

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	684	275	0	684	CALC
1ST	7+7/8	4+1/2	11.6	0	8,238	225	6,890	8,238	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST	5,340	400	3,890	5,340
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	4,474		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,379		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,658		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,678		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,701		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,716		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	8,093		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,108		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y Print Name: SHEILLA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 6/11/2004 Email: _____

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)