

**FORM  
5**Rev  
09/14**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400503609

Date Received:

10/31/2013

**DRILLING COMPLETION REPORT**

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 100185 Contact Name: Bonnie Lamond  
Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5156  
Address: 370 17TH ST STE 1700 Fax: \_\_\_\_\_  
City: DENVER State: CO Zip: 80202-

API Number 05-123-09833-00 County: WELD  
Well Name: BILLINGS Well Number: 1  
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: \_\_\_\_\_

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 11/24/1979 Date TD: 12/03/1979 Date Casing Set or D&A: 08/13/1981

Rig Release Date: \_\_\_\_\_ Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 8250 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 8213 TVD\*\* \_\_\_\_\_Elevations GR 4995 KB 5005 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Gamma Ray, CBL

**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
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	260	882
SQUEEZE	1ST	7,340	200	6,648	7,250

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	
FOX HILLS	385				

Operator Comments

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: 10/31/2013 Email: bonnie.lamond@encana.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400505488	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>
2465022	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400505278	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400503609	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400505227	GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400505285	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	deleted Details of work from Remedial Cement tab because they were from permit; not what was really performed for the squeeze. Requested and received cmt summary for deep squeeze.	4/9/2014 4:03:01 PM
Permit	PDF of the CBL under other.	12/20/2013 9:45:37 AM

Total: 2 comment(s)