

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



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Document Number:
400800440

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

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 05-123-36891-00 County: WELD
 Well Name: Billings Well Number: 3F-18H L368
 Location: QtrQtr: NWSW Section: 18 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 1590 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.: 852 feet. Direction: FSL Dist.: 831 feet. Direction: FWL
 Sec: 18 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 730 feet. Direction: FSL Dist.: 2131 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) 10/09/2014 Date TD: 12/08/2014 Date Casing Set or D&A: 12/09/2014
 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 14170 TVD** 7309 Plug Back Total Depth MD 14104 TVD** 7309

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	873	359	0	888	CALC
1ST	8+3/4	7	26	0	7,596	672	0	7,620	CALC
2ND	6+1/8	4+1/2	13.5	0	14,155	618	5,642	14,170	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	6,907				
NIOBRARA	7,012				
FORT HAYS	7,919				
CODELL	8,413				

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			
400800485	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400800482	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			
400800463	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800475	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800477	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800480	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400800489	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)