

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:

1914891

Date Received:

09/14/2007

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: SHEILLA REED-HIGH  
Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (303) 389-5060  
Address: 370 17TH ST STE 1700 Fax: (720) 956-3500  
City: DENVER State: CO Zip: 80202-

API Number 05-123-24882-00 County: WELD  
Well Name: WILLIAMS Well Number: 13-18  
Location: QtrQtr: NWSW Section: 18 Township: 2N Range: 68W Meridian: 6  
Footage at surface: Distance: 1979 feet Direction: FSL Distance: 673 feet Direction: FWL  
As Drilled Latitude: 40.136543 As Drilled Longitude: -105.052963

GPS Data:  
Date of Measurement: 08/09/2007 PDOP Reading: 2.7 GPS Instrument Operator's Name: CECIL CLARK

\*\* 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) 08/01/2007 Date TD: 08/05/2007 Date Casing Set or D&A: 08/06/2007  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 8080 TVD\*\* Plug Back Total Depth MD 8016 TVD\*\*  
Elevations GR 4951 KB 4967 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CBL, DUAL IND/COMP DENS/COMP NEUTRON

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	774	375	0	774	VISU
1ST	7+7/8	4+1/2	11.6	0	8,068	265	6,700	8,068	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	
SUSSEX	4,260		NO	NO	SUSSEX MARKER: MEASURED DEPTH: TOP: 4452.
NIOBRARA	7,202		NO	NO	
CODELL	7,484		NO	NO	
J SAND	7,922		NO	NO	

Operator Comments

\_\_\_\_\_

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: 9/10/2007 \_\_\_\_\_

Email: \_\_\_\_\_

### **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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
1914891	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)