

**FORM
5**Rev
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



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Document Number:

2288082

Date Received:

03/27/2012

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: 100185

4. Contact Name: SHEILLA REED-HIGH

2. Name of Operator: ENCANA OIL & GAS (USA) INC

Phone: (720) 876-3678

3. Address: 370 17TH ST STE 1700

Fax: (720) 876-4678

City: DENVER State: CO Zip: 80202-

5. API Number 05-123-33423-00

6. County: WELD

7. Well Name: WILLIAMS

Well Number: 3A-18H

8. Location: QtrQtr: SWSW Section: 18 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 1306 feet Direction: FSL Distance: 987 feet Direction: FWL

As Drilled Latitude: 40.134716 As Drilled Longitude: -105.051850

GPS Data:

Data of Measurement: 11/29/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: PAT LINDERHOLM

** If directional footage at Top of Prod. Zone Dist.: 1092 feet. Direction: FSL Dist.: 739 feet. Direction: FWL

Sec: 18 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1678 feet. Direction: FSL Dist.: 597 feet. Direction: FEL

Sec: 18 Twp: 2N Rng: 68W

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) 09/21/2011 13. Date TD: 10/06/2011 14. Date Casing Set or D&A: 10/13/2011

15. Well Classification:

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

16. Total Depth MD 12015 TVD** 7316 17 Plug Back Total Depth MD 11997 TVD** 7315

18. Elevations GR 4981 KB 4994

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:

SPECTRAL DENSITY, DUAL SPACED NEUTRON GAMMA RAY MEMORY LOG, ISOLATION SCANNER FIELD PRINT, GEOLOGPLOT

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
CONDUCTOR	20	16		0	90		0	90	
SURF	12+1/4	9+5/8		0	855	250	0	855	CALC
1ST	8+3/4	7		0	7,692	685	3,250	7,692	CBL
1ST LINER	6+1/8	4+1/2		6820	12,015				

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:

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	4,218		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,512		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2288083

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

Signed: _____ Print Name: SHEILLA REED-HIGH

Title: DRILLING & COMP. Date: 3/6/2011 Email: SHEILLA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2288087	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2288086	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2288082	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	paper CBL/isolation scanner log received.	8/30/2012 11:24:54 AM
Permit	On Hold. Requested paper CBL/isolation scanner log.	7/26/2012 12:21:31 PM

Total: 2 comment(s)