

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.

Document Number:

400235542

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10071 4. Contact Name: Mary Pobuda
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8511
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-32101-00 6. County: WELD
 7. Well Name: Roth Well Number: 44-30
 8. Location: QtrQtr: SESE Section: 30 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 641 feet Direction: FSL Distance: 655 feet Direction: FEL
 As Drilled Latitude: 40.365020 As Drilled Longitude: -104.471960

GPS Data:
 Date of Measurement: 12/13/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 641 feet. Direction: FSL Dist.: 655 feet. Direction: FEL
 Sec: 30 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 641 feet. Direction: FSL Dist.: 655 feet. Direction: FEL
 Sec: 30 Twp: 5N Rng: 63W

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) 10/30/2011 13. Date TD: 11/03/2011 14. Date Casing Set or D&A: 11/04/2011

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

16. Total Depth MD 6767 TVD** 6767 17 Plug Back Total Depth MD 6716 TVD** 6716

18. Elevations GR 4576 KB 4590
 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, Caliper, Induction, Triple Combo

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 | 714 | 440 | 0 | 724 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 6,760 | 840 | 2,215 | 6,760 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/pref 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 | |
| NIOBRARA | 6,296 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 6,570 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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

Signed: _____ Print Name: Mary Pobuda

Title: Permit Analyst Date: _____ Email: mpobuda@billbarrettcop.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| Attachment Checklist | | | |
| 400235604 | 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"/> |
| | Logs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Other Attachments | | | |
| 400235618 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400235624 | PDF-CALIPER | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400235625 | PDF-INDUCTION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400235627 | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)