

**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



DE ET OE ES

Document Number:

400285926

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

1. OGCC Operator Number: 10071

4. Contact Name: Julie Webb

2. Name of Operator: BARRETT CORPORATION\* BILL

Phone: (303) 312-8714

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-21251-00

6. County: GARFIELD

7. Well Name: Scott

Well Number: 44C-25-692

8. Location: QtrQtr: SWSW Section: 30 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 446 feet Direction: FSL Distance: 159 feet Direction: FWL

As Drilled Latitude: 39.492436 As Drilled Longitude: -107.605355

## GPS Data:

Data of Measurement: 03/06/2012 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: 459 feet. Direction: FSL Dist.: 151 feet. Direction: FWL

Sec: 30 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: CO10261

12. Spud Date: (when the 1st bit hit the dirt) 02/28/2012 13. Date TD: 05/08/2012 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 1107 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 5924 KB 5947

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:

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	24	14	36	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	724	240	0	742	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
			155	750	1,107

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well is being sidetracked due to a directional plan miscommunication resulting in a wellbore that missed target. Verbal approval was recieved on 5/8/12 to sidetrack the well from Dave Andrews.

KOP for the sidetrack 730' -735' MD

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

Signed: \_\_\_\_\_ Print Name: Julie Webb

Title: Permit Analyst

Date:

Email: jwebb@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400285993	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400285992	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"/>
400287640	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400288107	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)