

FORM
5Rev
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:

400324368

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: Megan Finnegan

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 299-9949

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35260-00

6. County: WELD

7. Well Name: Siebring

Well Number: 5-63-32-32H

8. Location: QtrQtr: SENE Section: 32 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 2005 feet Direction: FNL Distance: 232 feet Direction: FEL

As Drilled Latitude: 40.357760 As Drilled Longitude: -104.451260

GPS Data:

Data of Measurement: 08/08/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 2392 feet. Direction: FNL Dist.: 664 feet. Direction: FEL

Sec: 32 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2270 feet. Direction: FNL Dist.: 643 feet. Direction: FWL

Sec: 32 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) 05/28/2012 13. Date TD: 07/16/2012 14. Date Casing Set or D&A: 07/20/2012

15. Well Classification:

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

16. Total Depth MD 10809 TVD** 6391 17 Plug Back Total Depth MD 10762 TVD** 6390

18. Elevations GR 4570 KB 4594

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	16	65	0	80		0	80	CALC
SURF	13+1/2	9+5/8	36	0	1,541	620	0	1,565	CALC
1ST	8+3/4	7	26	0	6,669	580		6,679	CALC
1ST LINER	6+1/8	4+1/2	11.6	0	10,809			10,809	

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	
SHANNON	4,690		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,301		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Conductor was cemented with grout. Production liner was not cemented.

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

Signed: _____

Print Name: Megan Finnegan

Title: Permit Analyst

Date: _____

Email: mfinnegan@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400335175	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"/>
400335198	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400335174	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400335186	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400335195	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)